

[Your Name/Practice Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Reminder: Outstanding Balance for Account #[Account Number]

Dear [Patient Name],

We are writing to provide a friendly reminder regarding an unpaid balance on your account. Our records indicate that your payment for services received on [Date of Service] is now past due.

Invoice Details:

Invoice Number: [Invoice #]
Original Amount: \$[Amount]
Current Balance Due: \$[Balance]

We understand that medical billing can sometimes be confusing or that statements can be overlooked. If you have already sent your payment, please disregard this notice and accept our thanks.

If you have not yet made a payment, you may do so by:

- Mailing a check to the address listed above.
- Calling our office at [Phone Number] to pay by credit card.
- Using our online portal at [Website Link].

If you are experiencing financial hardship or have questions regarding your insurance coverage for this visit, please contact our billing department as soon as possible. We are happy to discuss payment plan options with you.

Thank you for choosing [Practice Name] for your healthcare needs.

Sincerely,

[Your Name/Department Name]
[Practice Name]