

[Date]
[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Inquiry Regarding Your Account Balance - [Account Number]

Dear [Patient Name],

This is a friendly reminder regarding an outstanding balance of \$[Amount] on your account with [Clinic Name] for services provided on [Date of Service].

We understand that medical billing can sometimes be confusing or that statements can be easily overlooked. We are reaching out to ensure that you received our previous statement and to see if you have any questions regarding these charges.

If you have already sent your payment, please disregard this letter. If not, you may settle your balance by:

- Paying online at: [Website URL]
- Calling our billing office at: [Phone Number]
- Mailing a check to: [Clinic Address]

If you are experiencing financial difficulties or would like to discuss a payment plan, please contact us. We are happy to work with you to find a solution.

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

Sincerely,

[Your Name/Billing Department]
[Clinic Name]
[Contact Information]