

[Your Name/Practice Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Statement Regarding Your Recent Medical Treatment

Dear [Patient Name],

We hope you are recovering well following your recent visit to our office on [Date of Service]. It is our privilege to assist you with your healthcare needs.

This is a gentle reminder regarding the outstanding balance of \$[Amount] on your account for the services provided. According to our records, we have not yet received payment for this visit.

If you have already sent your payment, please disregard this letter. Otherwise, we kindly ask that you settle the balance at your earliest convenience. You may pay by mail, over the phone, or through our online portal at [Website Link].

If you are experiencing financial difficulties or have questions regarding your insurance coverage for this claim, please contact our billing department at [Phone Number]. We are happy to discuss payment plan options with you.

Thank you for your prompt attention to this matter and for choosing [Practice Name].

Sincerely,

[Your Name/Billing Department]

[Practice Name]