

[Your Name/Organization Name]  
[Billing Department Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

**Subject: Gentle Reminder: Unpaid Medical Balance for Account #[Account Number]**

Dear [Patient Name],

This is a friendly reminder regarding an outstanding balance on your account for medical services provided on [Date of Service].

According to our records, the amount of \$[Amount Due] is currently past due. We understand that medical bills can sometimes be overlooked, and we wanted to bring this to your attention.

**Account Summary:**

Invoice Number: [Invoice Number]  
Date of Service: [Date]  
Total Amount Due: \$[Amount Due]

You can make a payment by [mention payment methods, e.g., calling our office, visiting our online portal at URL, or mailing a check].

If you have already sent your payment, please disregard this notice. If you believe there is an error with this bill or if you are experiencing financial hardship and would like to discuss a payment plan, please contact our billing office at [Phone Number].

Thank you for your prompt attention to this matter and for choosing [Name of Facility] for your healthcare needs.

Sincerely,

[Your Name/Title]  
[Organization Name]