

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Account Number: [Account Number]

Statement Balance: \$[Amount Due]

Dear [Patient Name],

This letter is to inform you that your account with [Medical Practice/Facility Name] for services provided on [Date of Service] is currently past due.

According to our records, we have not yet received payment for the balance listed above. We understand that medical billing can be complex; if you have already submitted payment or if this balance has been covered by your insurance provider, please disregard this notice.

If the balance is correct, please remit payment using one of the following methods:

- **Online:** [Website URL]
- **By Phone:** [Phone Number]
- **By Mail:** Please send a check to the address listed at the top of this letter.

If you are experiencing financial hardship and are unable to pay the full amount at this time, please contact our billing department at [Phone Number] to discuss potential payment plan options or financial assistance.

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Billing Department]

[Medical Practice/Facility Name]

[Contact Phone Number]