

[Your Name/Department]  
[Hospital Name]  
[Hospital Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

Re: Account Number: [Account Number]  
Outstanding Balance: \$[Amount]

Dear [Patient Name],

This is a courtesy reminder regarding your outstanding balance with [Hospital Name] for services provided on [Date of Service].

According to our records, we have not yet received payment for this visit. 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.

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

- Paying online at: [Website URL]
- Calling our billing office at: [Phone Number]
- Mailing a check using the enclosed envelope

If you are experiencing financial hardship or if you believe there is an error with your insurance coverage, please contact us immediately. We are happy to discuss payment plans or financial assistance options that may be available to you.

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

Sincerely,

[Your Name/Department]  
[Hospital Name]