

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Statement of Outstanding Balance

Dear [Patient Name],

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

According to our records, the current amount due is: **\${Amount Due}**

We kindly request that you submit payment at your earliest convenience. You may pay your bill using one of the following methods:

- **Online:** Visit [Website URL] and enter your account number: [Account Number].
- **Phone:** Call our billing department at [Phone Number].
- **Mail:** Send a check or money order to the address listed above.

If you have already sent your payment, please disregard this notice. If you believe there is an error regarding this balance, or if you need to discuss a payment plan, please contact our billing office at [Phone Number] between [Hours of Operation].

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

Sincerely,

[Billing Department Name]

[Clinic/Hospital Name]