

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

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

Subject: Soft Reminder: Pending Payment for Medical Services

Dear [Patient Name],

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

According to our records, the following amount remains unpaid:

- **Invoice Number:** [Invoice #]
- **Total Amount Due:** \$[Amount]
- **Due Date:** [Original Due Date]

We understand that medical billing can be complex or that this notice may have been overlooked. If you have already sent your payment, please disregard this letter.

You can complete your payment via the following methods:

- Online at: [Website URL]
- By phone at: [Phone Number]
- By mail using the enclosed envelope.

If you are experiencing financial difficulties or have questions regarding your insurance coverage, please contact our billing office at [Phone Number]. We are happy to discuss payment plans or assist you in resolving any discrepancies.

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

Sincerely,

[Your Name/Signature]
Billing Department
[Organization Name]