

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

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

RE: SECOND NOTICE - Past Due Medical Bill

Account Number: [Account Number]
Invoice Number: [Invoice Number]
Patient Name: [Patient Name]
Amount Overdue: \$[Total Amount]

Dear [Patient Name],

This is a second reminder regarding your outstanding balance for medical services provided on [Date of Service]. Our records show that we have not yet received payment or a response to our previous notice sent on [Date of First Notice].

Your account is now [Number of Days] days past due. We understand that medical expenses can be unexpected, and we are willing to work with you to resolve this matter.

Please choose one of the following options immediately:

- **Pay in full:** Remit the balance of \$[Total Amount] by mail or through our online portal at [URL].
- **Payment Plan:** Contact our billing office at [Phone Number] to set up a monthly installment plan.
- **Insurance Issues:** If you believe your insurance should have covered this, please contact us so we can update your information.

If payment is already in the mail, please disregard this notice. Otherwise, please provide payment within [Number] days to avoid further collection actions.

Sincerely,

[Your Name/Department]
[Clinic Name]