

[Your Name/Organization Name]
[Billing Address]
[Phone Number]
[Email Address]

[Date]

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

Re: SECOND REMINDER - PAST DUE NOTICE

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

Dear [Patient Name],

This is a second reminder regarding the outstanding balance on your medical account. Our records indicate that we have not yet received payment for the services provided on [Date of Service].

Your account is now [Number of Days] days past due. We understand that medical expenses can be unexpected. If you are experiencing financial difficulties, please contact our billing department immediately to discuss potential payment plans or financial assistance options.

If you have already sent your payment, please disregard this notice. Otherwise, please remit the full balance of \$[Amount] by [Due Date] to avoid further collection actions.

Payment Options:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Please send a check or money order to the address listed above.

Thank you for your prompt attention to this matter.

Sincerely,

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