

[Your Name/Organization Name]  
[Address Line 1]  
[Address Line 2]  
[City, State, Zip Code]  
[Phone Number]

[Date]

[Patient Name]  
[Patient Address Line 1]  
[Patient Address Line 2]  
[City, State, Zip Code]

**Subject: SECOND REMINDER: Outstanding Medical Invoice**

Dear [Patient Name],

This is a second reminder regarding your outstanding balance for services provided on [Service Date]. Our records indicate that we have not yet received payment for invoice #[Invoice Number] in the amount of \$[Amount].

We sent a previous notice on [Date of First Notice], but your account remains past due. We understand that medical expenses can be unexpected. If you are experiencing financial difficulties, please contact our billing department immediately to discuss a payment plan.

**Account Summary:**

- Invoice Number: [Invoice Number]
- Date of Service: [Service Date]
- Total Amount Due: \$[Amount]
- Due Date: [Due Date]

Please submit your payment via one of the following methods:

- Online: [Website URL]
- By Phone: [Phone Number]
- By Mail: Please send a check or money order to the address listed at the top of this letter.

If you have already sent your payment, please disregard this notice. If you believe there is an error regarding this bill or your insurance coverage, please call us at [Phone Number] so we can resolve the matter.

Sincerely,

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