

[Your Name/Facility Name]
[Billing Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: SECOND NOTICE - PAST DUE BALANCE

Account Number: [Account Number]
Patient Name: [Patient Name]
Amount Past Due: \$[Amount]

Dear [Patient Name],

This is a second notice regarding your outstanding balance for medical services rendered on [Date of Service]. Our records indicate that we have not yet received payment following our initial statement sent on [Date of First Notice].

We understand that medical expenses can be unexpected. If you have already sent your payment, please disregard this notice. However, if you have not yet made a payment, we ask that you do so immediately to ensure your account remains in good standing.

Payment Options:

- **Online:** [Website URL]
- **Phone:** Call us at [Phone Number] to pay by credit/debit card.
- **Mail:** Send a check or money order using the enclosed envelope.

If you are experiencing financial hardship or believe there is an error with your insurance coverage, please contact our billing department at [Phone Number] between [Hours of Operation]. We are happy to discuss setting up a payment plan that works for you.

Thank you for your prompt attention to this matter.

Sincerely,

[Billing Department Name]
[Facility Name]