

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

[Date]

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

RE: SECOND NOTICE - Overdue Balance for Healthcare Services

Account Number: [Account Number]
Invoice Number: [Invoice Number]
Statement Date: [Original Statement Date]
Balance Due: \$[Amount Due]

Dear [Patient Name],

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

This payment is now [Number of Days] days past due. We understand that medical expenses can be unexpected. If you are experiencing financial hardship, please contact our billing office immediately at [Phone Number] to discuss payment plans or financial assistance options.

Please remit payment in full using one of the following methods:

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

If you have already sent your payment, please disregard this notice. Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Signature]
[Billing Department Title]