

Date: [Insert Date]

TO:

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: SECOND NOTICE - PAST DUE MEDICAL BILL

Account Number: [Insert Account Number]

Patient Name: [Insert Patient Name]

Balance Due: \$[Insert Amount]

Dear [Patient Name],

This is a second reminder that your medical account remains unpaid. Our records show that your balance of \$[Insert Amount] is now [Insert Number] days past due. We previously sent a notice on [Insert Date of First Letter], but we have not yet received payment or a response from you.

We understand that medical expenses can be unexpected. However, it is important that this balance is settled immediately to keep your account in good standing. If you are experiencing financial difficulties, please contact our billing department to discuss potential payment plans or financial assistance options.

Please submit your payment using one of the following methods:

- **Online:** [Insert Website Link]
- **By Phone:** [Insert Phone Number]
- **By Mail:** Send a check payable to [Provider Name] to the address listed above.

If you have already sent your payment, please disregard this letter. Otherwise, we look forward to receiving your payment within 10 days of the date of this notice.

Sincerely,

[Your Name/Department]

[Medical Practice Name]

[Phone Number]