

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: SECOND REMINDER - Outstanding Balance for Account #[Account Number]

Dear [Patient Name],

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

We sent an initial statement on [Date of First Letter], 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 at [Phone Number] to discuss payment plan options or financial assistance.

Please remit your payment in full by [Due Date] to ensure your account remains in good standing. You may pay by:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Send a check to [Billing Address]

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 contact us immediately so we can resolve the matter.

Thank you for your prompt attention to this account.

Sincerely,

[Name/Department]

[Medical Practice Name]

[Phone Number]