

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

[Date]

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

RE: SECOND NOTICE - UNSETTLED MEDICAL BALANCE

Account Number: [Account Number]
Invoice Number: [Invoice Number]
Outstanding Balance: \$[Amount Due]

Dear [Patient Name],

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

We understand that medical expenses can be unexpected. If you are experiencing financial hardship, please contact our billing office immediately. We offer several options to help you settle this account, including:

- Monthly payment plans
- Financial assistance programs (if eligible)
- Credit card or online payment options

Please submit your payment of \$[Amount Due] by [Due Date] to keep your account in good standing. You can pay online at [Website URL] or mail a check using the enclosed envelope.

If you have already sent your payment, please disregard this letter. If you believe this bill is in error or if your insurance provider should have covered this claim, please call us at [Phone Number] so we can resolve the matter.

Thank you for your prompt attention to this balance.

Sincerely,

[Name/Signature]
[Title]
[Organization Name]