

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: SECOND NOTICE - Overdue Balance for Account #[Account Number]

Dear [Patient Name],

We are writing to follow up on our previous notice regarding your outstanding balance of \$[Amount]. Our records indicate that your account is now [Number] days past due.

We value you as a patient and want to help you clear this balance to avoid any further collection actions. Please remit payment in full by [Date].

Account Summary:

Patient Name: [Patient Name]

Date of Service: [Date of Service]

Total Balance Due: \$[Amount]

You may pay your bill using the following methods:

- Online at: [Website URL]
- By phone: [Phone Number]
- By mail: Please send a check to the address listed below

If you have already sent your payment, please disregard this letter. If you are experiencing financial difficulties or have questions regarding your insurance coverage, please contact our billing office immediately at [Phone Number] to discuss payment arrangements.

Sincerely,

[Practice Name]

[Billing Department]

[Phone Number]