

[Your Name/Dental Practice Name]  
[Address Line 1]  
[Address Line 2]  
[Phone Number]  
[Date]

[Patient Name]  
[Patient Address Line 1]  
[Patient Address Line 2]

**RE: SECOND NOTICE - OVERDUE BALANCE**

Dear [Patient Name],

Our records indicate that your account is still past due. We previously sent a reminder regarding the outstanding balance for dental services provided on [Date of Procedure].

**Account Summary:**

Procedure: [Type of Procedure]  
Invoice Number: [Invoice #]  
Outstanding Amount: \$[Amount]

We understand that financial obligations can sometimes be overlooked. However, it is important that this balance is settled immediately to keep your account in good standing.

Please submit your payment using one of the following methods:

- Online: [Link to Payment Portal]
- Phone: [Phone Number]
- Mail: Check payable to [Practice Name]

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or have questions regarding your insurance coverage for this procedure, please contact our billing office at [Phone Number] so we can discuss a payment plan.

We value you as a patient and look forward to resolving this matter promptly.

Sincerely,

[Your Name/Billing Department]  
[Dental Practice Name]