

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Subject: Second Notice - Outstanding Balance for Account #[Account Number]

Dear [Patient Name],

This is a second reminder regarding the unpaid balance on your account in the amount of \$[Amount]. Our records indicate that this balance is now [Number] days past due.

We previously sent a notice on [Date of First Letter], but we have not yet received your payment or a response regarding your account status.

Please remit the full payment by [Due Date] to ensure your account remains in good standing. You can pay via the following methods:

- Online at: [Website URL]
- By phone: [Phone Number]
- By mail: Using the enclosed envelope

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] so we can discuss a payment plan.

Thank you for your prompt attention to this matter.

Sincerely,

[Billing Department Name]
[Practice Name]