

[Your Dental 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 Dental Services**

Dear [Patient Name],

We are writing to follow up on our previous notice regarding your unpaid balance of \$[Amount]. According to our records, this payment is now [Number] days past due.

We have not yet received payment or a response regarding the services provided on [Date of Service]. We value you as a patient and would like to help you clear this balance to keep your account in good standing.

**Account Summary:**

Patient Account Number: [Account Number]  
Total Amount Due: \$[Amount]  
Due Date: [Date]

Please send your payment today. You may pay by mailing a check, calling our office to pay by credit card, or visiting our online portal at [Website Link].

If you have already sent your payment, please disregard this letter. If you are experiencing financial difficulties or have questions about your bill, please contact our billing department immediately at [Phone Number] to discuss a payment plan.

Thank you for your prompt attention to this matter.

Sincerely,

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