

[Practice Name]
[Practice Address]
[Phone Number]
[Date]

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

RE: SECOND NOTICE - OVERDUE BALANCE

Dear [Patient Name],

Our records indicate that we have not yet received payment for your dental services provided on [Date of Service]. We previously sent a statement on [Date of First Letter], but your account remains past due.

Account Summary:

Patient Name: [Patient Name]
Account Number: [Account Number]
Total Balance Due: \$[Amount]

If you have already mailed your payment, please disregard this notice. Otherwise, please remit the full balance within 10 days to keep your account in good standing. We accept payment via [Credit Card/Check/Online Portal].

If you are experiencing financial difficulties or have questions regarding your insurance coverage, please contact our billing department immediately at [Phone Number] so we can discuss a payment arrangement.

Thank you for your prompt attention to this matter.

Sincerely,

[Office Manager Name]
[Practice Name]