

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

[Date]

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

RE: SECOND NOTICE - PAST DUE BALANCE

Dear [Patient Name],

Our records indicate that your account remains past due despite our previous notice sent on [Date of First Letter]. As of today, your balance for dental services provided on [Date of Service] is \$[Amount Owed].

We value you as a patient and would like to help you resolve this matter. If you are experiencing financial difficulties, please contact our billing office immediately to discuss a payment plan or other arrangements.

Please submit your payment in full within [Number] days to ensure your account remains in good standing. You may pay by check, credit card, or through our online portal at [Website URL].

If you have already sent your payment, please disregard this letter and accept our thanks.

Sincerely,

[Name of Billing Manager/Office Manager]
[Practice Name]