

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: SECOND NOTICE - Past Due Balance for Dental Services

Dear [Patient Name],

This is a second reminder regarding your outstanding balance of \$[Amount] for dental services provided on [Date of Service].

According to our records, we have not yet received payment following our initial statement sent on [Date of First Notice]. Your account is now [Number] days past due.

We understand that sometimes invoices can be overlooked. We kindly ask that you remit payment in full by [Due Date] to keep your account in good standing. You may pay via the following methods:

- Online at: [Website URL]
- By phone at: [Phone Number]
- By mail to: [Office Address]

If you have already sent your payment, please disregard this notice. 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 Manager/Office Name]

[Dental Practice Name]

[Contact Information]