

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: SECOND REMINDER: Outstanding Balance for Dental Services

Dear [Patient Name],

According to our records, we have not yet received payment for your recent dental treatment on [Date of Service]. We previously sent a statement on [Date of First Reminder], but your account remains past due.

Account Summary:

Invoice Number: [Invoice Number]

Total Amount Due: \$[Amount Due]

Due Date: [Original Due Date]

We understand that you may have simply overlooked this bill. Please submit your payment at your earliest convenience to keep your account in good standing. You can pay by mail, over the phone, or via our online portal at [Website URL].

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 department at [Phone Number] so we can discuss a payment plan.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Office Manager]

[Dental Practice Name]

[Phone Number]