

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: SECOND REMINDER: Overdue Balance for Dental Services

Dear [Patient Name],

This is a second reminder regarding your outstanding balance of \$[Amount] for dental procedures performed on [Date of Service] at [Dental Practice Name].

According to our records, your account is now [Number] days past due. We sent an initial statement on [Date of First Letter], but we have not yet received your payment or a response regarding a payment plan.

We understand that financial obligations can sometimes be overlooked. However, we request that you clear this balance immediately to keep your account in good standing. You can make a payment via the following methods:

- Online at: [Website URL]
- By phone: [Phone Number]
- By mail: Please send a check to the address listed below.

If you have already sent your payment, please disregard this notice. If you are experiencing financial difficulties or believe there is an error regarding this bill, please contact our billing department at [Phone Number] so we can assist you.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Billing Department]

[Dental Practice Name]

[Phone Number]