

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

[Date]

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

**Subject: SECOND NOTICE: Outstanding Balance for Dental Services**

Dear [Patient Name],

Our records indicate that we have not yet received payment for your outstanding balance of **[\$Amount]**, which was due on [Original Due Date]. This balance is for dental services provided on [Service Date].

We sent a previous notice regarding this balance on [Date of First Letter], but it remains unpaid. We understand that medical bills can sometimes be overlooked, and we would appreciate it if you could settle this account at your earliest convenience.

**Payment Options:**

- **Online:** Visit [Website URL] to pay via our secure portal.
- **By Phone:** Call us at [Phone Number] to pay with a credit or debit card.
- **By Mail:** Send a check or money order payable to [Practice Name] using the enclosed envelope.

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 immediately so we can discuss a payment plan.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Billing Department]  
[Your Dental Practice Name]