

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

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

**RE: SECOND REMINDER - Overdue Account Balance**

Dear [Patient Name],

According to our records, your account remains unpaid despite our previous reminder sent on [Date of First Letter].

Details of the outstanding balance are as follows:

- Date of Service: [Date]
- Invoice Number: [Number]
- Total Amount Due: \$[Amount]

We understand that life can get busy, but we request that you settle this balance immediately to keep your account in good standing. You can make a payment by calling our office, visiting us in person, or [mention online payment method if applicable].

If you have already sent your payment, please disregard this letter. If you are experiencing financial difficulties and would like to discuss a payment plan, please contact our billing department at [Phone Number] today.

We value you as a patient and look forward to resolving this matter promptly.

Sincerely,

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