

[Hospital or Clinic Name]  
[Billing Department Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

**RE: PAST DUE NOTICE - Account Number: [Account Number]**

Dear [Patient Name],

This letter is to inform you that your account is now past due. According to our records, we have not received payment for services rendered on [Date of Service].

As a result of the delay in payment, a late fee has been assessed to your account in accordance with our billing policy. Please find the updated balance details below:

- Original Balance: \$[Amount]
- Late Fee Assessment: \$[Amount]
- **Total Amount Now Due: \$[Total Amount]**

Please remit the total amount due by [Due Date] to bring your account back into good standing. You may pay by mail, online at [Website URL], or by calling our billing office at [Phone Number].

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship and need to discuss a payment plan, please contact us immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Name/Department]  
[Hospital or Clinic Name]