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

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

Re: Account Number: [Account Number]
Statement Date: [Date]

Dear [Patient Name],

This letter provides detailed information regarding the accepted payment options for your recent medical services. We offer several ways for you to settle your balance:

- **Online Payment:** Visit our secure portal at [Website URL]. You can pay using a credit card, debit card, or electronic check (eCheck).
- **Pay by Phone:** Call our automated billing line at [Phone Number] 24/7, or speak with a representative Monday through Friday, [Hours].
- **Mail:** Send a check or money order payable to "[Entity Name]" using the enclosed envelope. Please include your account number on the memo line.
- **In-Person:** Payments are accepted at the cashier's desk located at [Physical Address] during regular business hours.

Available Payment Methods:

- Credit Cards: Visa, Mastercard, American Express, Discover
- HSA/FSA Cards
- Personal Checks / Money Orders
- Bank Transfers

Payment Plans and Financial Assistance:
If you are unable to pay your balance in full, we offer interest-free monthly payment plans. Additionally, you may be eligible for financial assistance based on your income. To discuss these options, please contact our Financial Counseling office at [Phone Number].

Thank you for choosing [Hospital/Clinic Name] for your healthcare needs.

Sincerely,

[Name or Department]
[Title]
[Hospital or Clinic Name]