

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Action Required: Credit Card Expiring Soon

Dear [Patient Name],

We are contacting you regarding the payment method on file for your account at [Clinic Name]. Our records indicate that the credit card ending in [Last 4 Digits] is set to expire on [Expiration Date].

To avoid any interruption in your billing cycle or scheduled payments, please update your payment information as soon as possible.

You can update your card details using one of the following methods:

- **Patient Portal:** Log in at [Website URL] and go to the Billing section.
- **By Phone:** Call our billing department at [Phone Number].
- **In Person:** Visit our front desk during your next appointment.

If you have already updated your information, please disregard this notice.

Thank you for choosing [Clinic Name].

Sincerely,

[Billing Department Name]

[Clinic Name]

[Phone Number]