

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**Subject: FINAL NOTICE - Expiration of Payment Card on File**

Dear [Patient Name],

Our records indicate that we have sent multiple requests regarding your credit card on file, which has expired or is about to expire. To date, we have not received updated information.

As per our office policy, a valid payment method must be kept on file to secure your future appointments and facilitate seamless billing for co-pays or outstanding balances.

Please update your information within the next [Number, e.g., 5] business days using one of the following methods:

- **Online Portal:** Log in to [Link/URL] and update your billing profile.
- **By Phone:** Call our billing department at [Phone Number].
- **In Person:** Visit our front desk during your next visit.

Failure to provide a valid card on file may result in the cancellation of upcoming appointments or a requirement to pay all estimated costs in full at the time of service.

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

Sincerely,

[Practice Name]

[Billing Department Contact Information]