

Date: [Current Date]

Subject: Important: Your Payment Card on File is Expiring Soon

Dear [Patient Name],

We are writing to inform you that the payment card we have on file for your account at [Clinic Name] is set to expire on [Expiration Date].

To ensure uninterrupted service and to prevent any delays in processing future payments or copays, please update your billing information at your earliest convenience.

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

- Log in to our Patient Portal at: [Portal Link]
- Call our billing office at: [Phone Number]
- 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] for your healthcare needs.

Sincerely,

[Clinic Name] Billing Department
[Clinic Phone Number]
[Clinic Website]