

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Urgent: Credit Card on File Expiring Soon

Dear [Patient Name],

We are writing to notify you that the credit card currently on file for your Patient Financial Agreement is set to expire on [Expiration Date].

To ensure there is no interruption to your payment plan and to remain compliant with your signed agreement, please provide updated payment information by [Due Date].

You may update your records through one of the following methods:

- Log in to our secure patient portal at: [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 your prompt attention to this matter.

Sincerely,

[Billing Department Name]

[Practice/Clinic Name]