

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Urgent: Action Required Regarding Your Payment Method

Dear [Patient Name],

We are writing to inform you that the payment method we have on file for your ongoing treatment is set to expire on [Expiration Date].

To ensure there is no interruption to your scheduled treatments and care plan, please update your payment information as soon as possible. You can update your details through the following methods:

- Online Portal: [Link to Website/Portal]
- By Phone: Call our billing department at [Phone Number]
- In Person: Visit the front desk during your next appointment

If your payment information is not updated by [Deadline Date], we may be required to pause your treatment until a valid payment method is provided.

If you have already updated your information or have recently received a new card, please disregard this notice.

Thank you for your prompt attention to this matter.

Sincerely,

[Billing Department Name]

[Clinic/Facility Name]

[Contact Information]