

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Subject: Action Required: Your Credit Card on File is Expiring Soon

Dear [Patient Name],

We are contacting you because our records indicate that the credit card we have on file for your account ends in [Last 4 Digits] and is set to expire on [Expiration Date].

To ensure there is no interruption in your billing or scheduled payments, please update your payment information by [Deadline Date].

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

- **Online Portal:** Log in to your patient account at [Website URL].
- **By Phone:** Call our billing office at [Phone Number] during business hours.
- **In Person:** Visit the 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 Name]