[Date]

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

Subject: Year-End Medical Expense Summary and Outstanding Balance Notice

Dear [Patient Name],

As we approach the end of the year, we are providing a summary of your medical expenses and account status for [Year]. This statement is intended to assist you with your personal financial records and potential tax filings.

Below is the summary of your account as of [Current Date]:

- **Total Charges for [Year]:** $[0.00]
- **Total Insurance Payments/Adjustments:** $[0.00]
- **Total Personal Payments Made:** $[0.00]
- **Current Outstanding Balance:** $[0.00]

Our records indicate an outstanding balance of **$[0.00]**. We kindly request that you settle this amount by [Due Date] to ensure your account remains in good standing for the upcoming year.

Payment Options:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** Send check or money order to [Office Address]

If you have already made this payment, please disregard this notice. If you believe there is an error in this summary or if you would like to set up a payment plan, please contact our billing department at [Phone Number] between [Hours of Operation].

Thank you for choosing [Practice Name] for your healthcare needs.

Sincerely,

[Billing Manager Name]
[Practice Name]
[Phone Number]