

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

**RE: Notice of Overdue Balance**

Account Number: [Account Number]  
Statement Date: [Original Statement Date]  
Amount Due: \$[Amount]

Dear [Patient Name],

This letter is a friendly reminder that your account with [Medical Practice/Hospital Name] currently shows an unpaid balance of \$[Amount]. According to our records, this payment is now past due.

We understand that medical billing can be complex. If you have already sent your payment, please disregard this notice. If you have not yet made a payment, please do so at your earliest convenience using one of the following methods:

- **Online:** [Website URL]
- **By Phone:** [Phone Number]
- **By Mail:** Please send a check to [Mailing Address]

If you are experiencing financial hardship or have questions regarding your insurance coverage, please contact our billing department at [Phone Number] between [Hours of Operation]. We are happy to discuss payment plan options with you.

Thank you for your prompt attention to this matter.

Sincerely,

[Name/Department]  
[Medical Practice Name]  
[Contact Information]