

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Account Number: [Account Number]

Dear [Patient Name],

This is a friendly reminder regarding an outstanding balance on your account with [Clinic Name] for services provided on [Date of Service].

According to our records, there is currently an unpaid balance of **[\$Amount Due]**. This amount may include co-payments, deductibles, or services not covered by your insurance provider.

Please remit payment at your earliest convenience. You may pay your bill using one of the following methods:

- **Online:** Visit [Website URL] and log into your patient portal.
- **By Phone:** Call our billing department at [Phone Number].
- **By Mail:** Send a check or money order to the address listed below.

If you have already sent your payment, please disregard this notice. If you believe there is an error in this statement or if you need to discuss a payment plan, please contact our billing office at [Phone Number] between [Business Hours].

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

Sincerely,

[Billing Department Name]

[Clinic Name]

[Clinic Address]