

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

[Date]

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

RE: Notice of Overdue Balance

Dear [Patient Name],

This is a friendly reminder that your account with [Clinic Name] is currently past due. Our records indicate an outstanding balance of **[\$[Amount]** for services provided on [Date of Service].

We understand that life can be busy and this may have simply been overlooked. If you have already sent your payment, please disregard this notice.

Otherwise, please submit your payment by [Due Date] using one of the following methods:

- Pay online at: [Website URL]
- Pay by phone: [Phone Number]
- Mail a check to the address listed above

If you are experiencing financial hardship or have questions regarding your statement, please contact our billing department at [Phone Number] so we can discuss payment options or a payment plan.

Thank you for your prompt attention to this matter and for choosing [Clinic Name] for your healthcare needs.

Sincerely,

[Billing Department Name]
[Clinic Name]