

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: First Reminder - Outstanding Balance for Account #[Account Number]

Dear [Patient Name],

This is a friendly reminder that your account with [Medical Practice Name] currently has an outstanding balance of \$[Amount Due]. Our records indicate that this payment is now past due.

The balance is related to services provided on [Date of Service]. We have attached a copy of the statement for your reference.

Please remit your payment using one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Send a check to [Billing Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or have questions regarding your insurance coverage, please contact our billing department at [Phone Number] so we can discuss payment options.

Thank you for your prompt attention to this matter.

Sincerely,

[Name/Department]

[Medical Practice Name]

[Contact Information]