

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

[Date]

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

**Subject: Notice of Unpaid Balance - Account #[Account Number]**

Dear [Patient Name],

This letter is a friendly reminder regarding an outstanding balance on your account for services provided on [Date of Service]. Our records indicate that we have not yet received payment for the amount listed below.

**Total Balance Due: \$[Amount Due]**

If you have already sent your payment, please disregard this notice. Otherwise, please remit payment at your earliest convenience using one of the following methods:

- **Online:** [Website URL]
- **By Phone:** Call us at [Phone Number] to pay via credit/debit card.
- **By Mail:** Send a check or money order payable to [Clinic Name] to the address listed above.

If you are experiencing financial hardship or have questions regarding this statement, please contact our billing department at [Phone Number]. We are happy to discuss payment plan options with you.

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

Sincerely,

[Billing Department/Name]  
[Clinic Name]