

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Outstanding Medical Balance - Account #[Account Number]

Dear [Patient Name],

This is a friendly reminder that our records show an outstanding balance of \$[Amount] on your account for services provided on [Date of Service].

It is possible that this payment was recently sent or overlooked. If you have already made this payment, please disregard this notice. Otherwise, please remit your payment by [Due Date].

Payment Options:

- Online: [Website URL]
- By Phone: [Phone Number]
- By Mail: Please send a check to the address listed below.

If you have questions regarding your bill, believe your insurance should have covered this amount, or need to set up a payment plan, please contact our billing department at [Phone Number] between [Hours of Operation].

Thank you for your prompt attention to this matter.

Sincerely,

[Billing Department Name]

[Facility/Provider Name]

[Contact Phone Number]