

[Your Name/Organization Name]  
[Billing Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

**Subject: Notice of Overdue Payment - Account #[Account Number]**

Dear [Patient Name],

This is a friendly reminder that your account currently shows an outstanding balance of \$[Amount Due] for services provided on [Date of Service]. Our records indicate that this payment is now past due.

If you have already sent your payment, please disregard this notice. Otherwise, please submit your payment by [Due Date] to ensure your account remains in good standing. We accept payments via [Credit Card/Check/Online Portal].

If you are experiencing financial difficulties or have questions regarding your bill, please contact our billing department at [Phone Number] so we can discuss potential payment arrangements.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Signature]  
[Title/Billing Department]  
[Organization Name]