

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

[Date]

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

RE: Notice of Past Due Balance

Account Number: [Account Number]
Outstanding Balance: \$[Amount]

Dear [Patient Name],

This is a friendly reminder that your account with [Clinic Name] is currently past due. Our records indicate that we have not yet received payment for services provided on [Date of Service].

We understand that medical bills can be overlooked. If you have already sent your payment, please disregard this notice. Otherwise, please remit the balance in full by [Due Date].

Payment Options:

- **Online:** Visit [Website URL]
- **By Phone:** Call [Phone Number]
- **By Mail:** Send a check to the address listed above

If you are experiencing financial hardship or believe there is an error with this statement, please contact our billing department at [Phone Number] so we can assist you with a payment plan or resolve any discrepancies.

Thank you for choosing [Clinic Name] for your healthcare needs.

Sincerely,

Billing Department
[Clinic Name]