

[Your Name/Practice Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**Subject: Notification of Overdue Account**

Dear [Patient Name],

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

If you have not yet made a payment, please do so at your earliest convenience. You may pay by:

- Sending a check or money order in the enclosed envelope.
- Calling our office at [Phone Number] to pay via credit/debit card.
- Visiting our online payment portal at [Website URL].

If you are experiencing financial hardship or have questions regarding your insurance coverage for this visit, please contact our billing department immediately so we can discuss payment plan options.

Thank you for your prompt attention to this matter and for choosing us for your healthcare needs.

Sincerely,

[Your Name/Billing Department]  
[Practice Name]

---

**Account Summary:**

Account Number: [Account Number]

Total Balance Due: \$[Amount]

Due Date: [Date]