

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

[Date]

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

RE: Notice of Outstanding Balance

Dear [Patient Name],

This is a friendly reminder regarding an outstanding balance on your account for services provided on [Date of Service]. Our records indicate that a balance of \$[Amount Due] remains unpaid.

Account Summary:

- Account Number: [Account Number]
- Invoice Date: [Invoice Date]
- Total Balance Due: \$[Amount Due]
- Payment Due Date: [Due Date]

If you have already sent your payment, please disregard this notice. If not, please submit your payment using one of the following methods:

- **Online:** [Website URL/Patient Portal]
- **By Mail:** Send a check payable to "[Practice Name]" using the enclosed envelope.
- **By Phone:** Call our billing department at [Phone Number].

If you have any questions regarding this statement or if you believe there is an error, please contact our billing office at [Phone Number] between [Hours of Operation]. We are happy to discuss payment plan options if needed.

Thank you for your prompt attention to this matter.

Sincerely,

[Sender Name/Billing Department]
[Practice Name]