

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

[Date]

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

Subject: First Notice - Overdue Payment for Services

Dear [Patient Name],

This is a friendly reminder that your account with [Clinic Name] is currently past due. Our records indicate an outstanding balance of \$[Amount] for services provided on [Date of Service].

Account Summary:

Invoice Number: [Invoice Number]
Balance Due: \$[Amount]
Due Date: [Original Due Date]

We understand that life can be busy and this may have been overlooked. Please remit payment at your earliest convenience. You may pay by mail, over the phone, or via our online portal at [Website URL].

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or believe there is an error regarding this bill, please contact our billing department at [Phone Number] so we can assist you.

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

Sincerely,

[Billing Department Name]
[Clinic Name]