

[Your Clinic/Hospital Name]  
[Address Line 1]  
[Address Line 2]  
[Phone Number]

[Date]

[Patient Name]  
[Patient Address Line 1]  
[Patient Address Line 2]

**Subject: First Reminder: Outstanding Medical Fees**

Dear [Patient Name],

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

Account Details:

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

If you have already sent your payment, please disregard this notice. Otherwise, please remit the payment at your earliest convenience. You may pay via [Mention Payment Methods: e.g., online portal, phone, or check].

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

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department Name]  
[Your Clinic/Hospital Name]