

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

[Date]

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

Account Number: [Account Number]

Past Due Balance: \$[Amount]

Dear [Patient Name],

Our records indicate that your account has an outstanding balance of \$[Amount] for services provided on [Date of Service].

It is possible that this payment was overlooked or that there was a delay in processing. If you have already sent your payment, please disregard this notice and accept our thanks.

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 billing office at [Phone Number] to pay via credit/debit card.
- Visiting our online payment portal at [Website URL].

If you are experiencing financial difficulties or have questions regarding your statement, 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 [Clinic Name] for your healthcare needs.

Sincerely,

[Billing Department Name]
[Clinic Name]