

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

[Date]

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

**Subject: Notice of Outstanding Balance - Account #[Account Number]**

Dear [Patient Name],

This letter is to inform you that there is an outstanding balance of \$[Amount] on your account for services provided on [Date of Service].

We kindly request that you submit payment at your earliest convenience. You may settle this balance using one of the following methods:

- **Online:** Visit [Website URL] and log into your patient portal.
- **By Phone:** Call our billing department at [Phone Number].
- **By Mail:** Send a check or money order to the address listed at the top of this letter.
- **In Person:** Visit our front desk during regular business hours.

If you have already sent your payment, please disregard this notice. If you believe there is an error regarding this balance, or if you would like to discuss a payment plan, please contact our billing office as soon as possible.

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

Sincerely,

[Sender Name/Billing Department]  
[Clinic Name]