

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Upcoming Payment Reminder - Account #[Account Number]

Dear [Patient Name],

This is a friendly reminder regarding your upcoming medical bill for services provided on [Date of Service].

Balance Due: \$[Amount]

Due Date: [Due Date]

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

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Send a check to the address listed below

If you have questions regarding your insurance coverage or if you need to discuss payment plan options, please contact our billing office at [Phone Number] between [Hours of Operation].

Thank you for choosing [Provider/Clinic Name].

Sincerely,

[Billing Department Name]

[Provider/Clinic Name]

[Contact Phone Number]