

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

Subject: Reminder: Outstanding Balance for Account #[Account Number]

Dear [Patient Name],

This is a gentle reminder regarding an outstanding balance on your account for services provided on [Date of Service]. Our records indicate that we have not yet received payment for invoice #[Invoice Number] in the amount of \$[Amount].

We understand that life can be busy and this may have simply slipped your mind. If you have already sent your payment, please disregard this notice and thank you for your prompt attention.

If you have not yet made a payment, you may do so by:

- Paying online at [Website URL]
- Calling our office at [Phone Number] to pay by credit card
- Mailing a check to the address listed above

If you are experiencing financial difficulties or have questions regarding this bill, please contact our billing department so we can discuss potential payment arrangements.

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

Sincerely,

[Billing Manager Name]
[Practice Name]
[Phone Number]