

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-Up Regarding Outstanding Balance - Account #[Account Number]

Dear [Patient Name],

This is a follow-up letter regarding the outstanding balance on your account with [Clinic Name] for services provided on [Date of Service].

According to our records, your account currently shows an unpaid balance of \$[Amount Due]. This amount is now past due. We previously sent a statement on [Date of Original Statement], but we have not yet received your payment.

Payment Options:

- **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 below.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship or believe there is an error in your billing, please contact our billing office immediately so we can assist you with a payment plan or correction.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Billing Department]

[Clinic Name]

[Clinic Phone Number]