

[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

We hope you are recovering well following your recent visit on [Date of Service]. It was a pleasure serving you, and we remain committed to supporting your continued health.

This is a friendly reminder regarding the balance for the post-care services provided. According to our records, there is an outstanding amount of **[\$[Amount Due]** on your account.

Account Summary:

- Invoice Number: [Invoice #]
- Service Date: [Date]
- Total Balance: **[\$[Amount]**
- Due Date: [Date]

You can complete your payment using one of the following methods:

- Online: [Link to Payment Portal]
- Phone: Call us at [Phone Number]
- Mail: Send a check to the address listed above

If you have already sent your payment, please disregard this notice. If you have questions regarding your bill or if you would like to discuss a payment plan, please contact our billing department at [Phone Number].

Thank you for choosing [Your Company Name] for your care.

Sincerely,

[Your Name/Department Name]
[Your Company Name]