

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**Subject: Patient Account Summary**

Dear [Patient Name],

We hope this letter finds you well. Thank you for choosing [Practice Name] for your healthcare needs.

This is a friendly reminder regarding the current balance on your account. Below is a summary of your recent activity:

- **Account Number:** [Account Number]
- **Statement Date:** [Date]
- **Total Balance Due:** \$[Amount]
- **Due Date:** [Date]

If you have already sent your payment, please disregard this notice and thank you for your promptness. If you have any questions regarding these charges or if you believe there is an error, please call our billing office at [Phone Number] so we can assist you.

You can make a payment by mail using the enclosed envelope, or you may pay online at [Website URL].

Thank you for your continued trust in our care.

Sincerely,

[Billing Department Name]

[Practice Name]