

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Outstanding Balance for Account #[Account Number]

Dear [Patient Name],

This is a friendly reminder regarding your outstanding balance of \$[Amount] for services received at [Clinic Name] on [Date of Service].

We understand that medical expenses can sometimes be unexpected. We are writing to remind you that we offer flexible payment plan options to help you manage your balance in affordable monthly installments.

Our payment plans feature:

- No interest charges
- Customizable monthly amounts
- Automatic payment scheduling

If you would like to set up a payment plan or discuss your account, please contact our billing department at [Phone Number] or visit our online portal at [Website URL].

If you have already sent your payment, please disregard this notice. Thank you for choosing [Clinic Name] for your healthcare needs.

Sincerely,

[Your Name/Department]

[Clinic Name]

[Phone Number]