

[Date]

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

Dear [Patient Name],

We hope this letter finds you well and that you are satisfied with the care you received at [Facility/Clinic Name].

This is a friendly reminder regarding the balance for your recent healthcare services. Attached to this letter, you will find invoice #[Invoice Number] for services provided on [Service Date].

Account Summary:

Total Amount: \$[Amount]

Due Date: [Due Date]

You can complete your payment through any of the following methods:

- Online via our secure portal at [Website URL]
- By phone at [Phone Number]
- By mailing a check to the address listed above

If you have already made this payment, please disregard this notice. If you have questions regarding your insurance coverage or need to discuss a payment plan, please contact our billing department at [Billing Phone Number].

Thank you for choosing us for your healthcare needs.

Sincerely,

[Your Name/Department]
[Facility Name]