

[Your Name/Organization Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

[Date]

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

RE: SECOND NOTICE - PAST DUE MEDICAL BILL

Account Number: [Account Number]
Invoice Number: [Invoice Number]
Total Amount Due: \$[Amount]

Dear [Patient Name],

This is a second formal notice regarding the unpaid balance on your account for medical services provided on [Date of Service].

Our records show that we sent a previous statement on [Date of First Notice], but we have not yet received your payment or a response regarding a payment plan. As of today, your account is [Number] days past due.

Please remit the full payment of \$[Amount] by [Due Date] to bring your account up to date. You may pay by check, credit card, or via our online portal at [URL].

If you are experiencing financial hardship or believe there is an error with your insurance coverage, please contact our billing department immediately at [Phone Number] to discuss payment options or corrections.

Failure to resolve this balance may result in your account being referred to an external collection agency. We would prefer to settle this matter directly with you to avoid any impact on your credit rating.

If you have already sent your payment, please disregard this notice.

Sincerely,

[Your Name/Signature]
Billing Department
[Organization Name]