

# Payment Reminder

Date: [Insert Date]

Dear [Patient's Name],

This is a friendly reminder that you have an outstanding co-payment of [Insert Amount] for your recent visit on [Insert Date of Service].

Please make your payment at your earliest convenience to avoid any interruptions in your care.

You can make your payment online at [Insert Payment Website] or by calling our office at [Insert Phone Number].

We appreciate your prompt attention to this matter. Thank you for choosing [Clinic/Hospital Name] for your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]