

# Patient Payment Reminder

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder regarding the outstanding payment for your lab test fees. Our records indicate that the amount of **[\$Amount]** is due for the services rendered on **[Test Date]**.

Please find the details of your outstanding payment below:

- **Service Provided:** [Type of Lab Test]
- **Test Date:** [Test Date]
- **Total Amount Due:** **[\$Amount]**

We kindly request that you arrange for payment by **[Due Date]** to avoid any late fees. If you have already made this payment, please disregard this reminder.

For your convenience, you can make your payment through our online portal or by contacting our office directly at [Phone Number].

Thank you for your attention to this matter. We appreciate your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Lab Name]

[Contact Information]