

Patient Payment Reminder

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder regarding your monthly payment plan with us. Your scheduled payment of [Payment Amount] is due on [Due Date].

For your convenience, here are the payment options available:

- Online Payment via our website
- Phone Payment by calling our office at [Phone Number]
- Mail a check to [Office Address]

If you have any questions regarding your payment plan or need assistance, please do not hesitate to reach out to our office.

Thank you for choosing us for your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Contact Information]