

# Patient Payment Reminder

Date: [Insert Date]

Dear [Patient Name],

We hope this message finds you well. We are writing to remind you that your account currently has an outstanding balance of [Insert Amount].

Please arrange for payment at your earliest convenience. You can make your payment online, by phone, or by visiting our office.

If you have already made your payment, please disregard this notice. However, if you have any questions or need assistance regarding your account, do not hesitate to reach out to our billing department at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Practice Name]

[Contact Information]