

Patient Payment Reminder

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder regarding the outstanding balance for your upcoming surgery scheduled on [Date]. The total cost for the procedure is [Amount].

Please ensure that your payment is made by [Due Date] to avoid any delays in your treatment. You can make your payment through [Payment Methods].

If you have any questions or need assistance, do not hesitate to reach out to our billing department at [Phone Number] or [Email Address].

Thank you for your attention to this matter. We look forward to providing you with the best care possible.

Sincerely,
[Your Practice Name]
[Your Contact Information]