

# Patient Payment Reminder

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Account Number: [Insert Account Number]

Dear [Insert Patient Name],

We hope this message finds you well. This is a friendly reminder regarding your outstanding balance for medical services rendered on [Insert Date of Service]. As of today, the total amount due is [Insert Amount Due].

Prompt payment will help us maintain our services and continue to provide you with the best care possible. Please take a moment to check your records and remit payment by [Insert Due Date].

Payment options include:

- Online payment at [Insert Website]
- Phone payment at [Insert Phone Number]
- Mail payments to [Insert Mailing Address]

If you have already made the payment, please disregard this notice. If you have any questions or concerns, feel free to contact our billing department at [Insert Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Practice Name]

[Insert Phone Number]

[Insert Email Address]