

# Patient Payment Reminder

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder regarding your recent visit to [Urgent Care Facility Name] on [Date of Visit]. Our records indicate that there are outstanding charges related to your visit. The total amount due is [Insert Amount].

Please make your payment by [Due Date] to avoid any late fees or potential interruptions in your care. You can make your payment in the following ways:

- Online at [Insert Website Link]
- By phone at [Insert Phone Number]
- By mail to [Insert Payment Address]

If you have any questions or would like to discuss this matter further, please do not hesitate to contact our billing department at [Insert Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Urgent Care Facility Name]

[Contact Information]