

Payment Reminder for Elective Procedure

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are reaching out to remind you about the upcoming payment for your elective procedure scheduled on [Insert Date of Procedure].

The total cost of the procedure is [Insert Amount], and we kindly ask that this payment be completed by [Insert Payment Due Date]. Please feel free to contact our billing department at [Insert Phone Number] or [Insert Email Address] if you have any questions regarding your balance or the payment process.

Thank you for choosing [Healthcare Provider's Name]. We look forward to serving you.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider's Name]

[Contact Information]