

Payment Reminder for Flexible Payment Plans

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder regarding your outstanding balance for your recent healthcare services rendered on [Date of Service]. As you are enrolled in our flexible payment plan, we would like to remind you that your next payment of [Amount] is due on [Due Date].

Your current balance is [Balance Amount]. If you have any questions about your payment plan or would like to discuss alternative arrangements, please do not hesitate to contact our office at [Office Phone Number] or [Office Email Address].

Thank you for choosing us for your healthcare needs. We appreciate your prompt attention to this matter.

Sincerely,

[Your Healthcare Facility's Name]

[Your Name]

[Your Position]