

Payment Reminder for Outstanding Insurance Claims

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder regarding the outstanding insurance claims related to your recent healthcare services at [Facility Name].

The following claims are still pending payment:

- Claim Number: [Claim Number 1] - Amount: [Amount] - Date of Service: [Date]
- Claim Number: [Claim Number 2] - Amount: [Amount] - Date of Service: [Date]
- Claim Number: [Claim Number 3] - Amount: [Amount] - Date of Service: [Date]

Please check with your insurance provider regarding the status of these claims. If you have already made a payment or have questions regarding your bill, please contact our billing department at [Phone Number] or [Email Address].

We appreciate your attention to this matter and thank you for choosing [Facility Name] for your healthcare needs.

Sincerely,
[Your Name]
[Your Title]
[Facility Name]
[Contact Information]