Healthcare Payment Reminder

Dear [Patient's Name],

This is a friendly reminder regarding the outstanding balance for services rendered at [Healthcare Facility Name]. Our records indicate that the following services have been provided:

- Date: [Service Date 1] - Service: [Service Description 1] - Amount: $[Amount 1]
- Date: [Service Date 2] - Service: [Service Description 2] - Amount: $[Amount 2]
- Date: [Service Date 3] - Service: [Service Description 3] - Amount: $[Amount 3]

Total Amount Due: $[Total Amount]

Please ensure that payment is made by [Due Date] to avoid any late fees. You can make the payment through our online portal or by contacting our billing department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Healthcare Facility Name]
[Contact Information]