

Payment Reminder for Overdue Balance

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder regarding your outstanding balance of [amount] for services received on [date]. Our records indicate that this payment is overdue.

Please make your payment by [new due date] to avoid any late fees or disruption of services. For your convenience, you can make your payment online at [payment link] or contact our office at [phone number] to discuss your balance.

Thank you for your attention to this matter. We appreciate your prompt response.

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