

Payment Reminder

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder regarding your payment agreement with [Healthcare Provider's Name]. As per our records, your upcoming payment is due on [Due Date].

Payment Details:

- Amount Due: \$[Amount]
- Payment Method: [Credit Card/Bank Transfer/Cash]

If you have any questions or need assistance with your payment, please do not hesitate to contact us at [Contact Number] or [Email Address].

Thank you for your attention to this matter, and for choosing [Healthcare Provider's Name].

Sincerely,

[Your Name]

[Your Position]

[Healthcare Provider's Name]

[Contact Information]