

Payment Reminder for Pre-Service Deposit

Dear [Patient's Name],

We hope this message finds you well. This is a friendly reminder regarding your upcoming appointment at [Facility Name] scheduled for [Date].

As part of our policy, we require a pre-service deposit of [Amount] to secure your appointment. Please ensure that this deposit is made by [Due Date] to avoid any delays in your service.

You may make your payment via the following options:

- Online through our patient portal: [Link]
- By phone: [Phone Number]
- In-person at our office: [Office Address]

If you have any questions or concerns regarding this payment, please do not hesitate to reach out to us at [Contact Information].

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

Sincerely,

[Your Name]

[Your Position]

[Facility Name]

[Contact Information]