

# Follow-Up on Unpaid Bill

Date: [Insert Date]

[Your Name]

[Your Title]

[Medical Institution Name]

[Address]

[City, State, Zip Code]

Dear [Patient's Name],

I hope this letter finds you well. I am writing to follow up regarding an outstanding balance for medical services rendered on [Date of Service]. Our records indicate that the total amount of [Amount Due] remains unpaid.

This payment was due on [Due Date], and we would like to assist you in resolving this matter. If you have already sent your payment, please disregard this notice. Otherwise, we kindly ask that you remit the payment at your earliest convenience.

If you are experiencing financial difficulties or have any questions regarding your bill, please do not hesitate to contact our billing department at [Billing Department Phone Number] or [Billing Department Email]. We are here to help.

Thank you for your prompt attention to this matter. We value you as a patient and appreciate your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Medical Institution Name]

[Phone Number]

[Email Address]