

Medical Bill Payment Reminder

Dear [Patient's Name],

This is a friendly reminder that your monthly medical bill for the services received in [Month, Year] is due on [Due Date].

Amount Due: \$[Amount]

Please make your payment by the due date to avoid any late fees. Payments can be made online at [Payment Link] or through mail at the address mentioned below.

If you have any questions regarding your bill, please do not hesitate to contact our billing department at [Contact Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Address]

[City, State, Zip Code]

[Contact Information]