

Overdue Medical Bill Notification

Date: [Date]

Patient Name: [Patient's Full Name]

Account Number: [Account Number]

Address: [Patient's Address]

Dear [Patient's First Name],

We hope this message finds you well. This is a reminder that your payment for the medical services received on [Date of Service] is overdue. As of today, your outstanding balance is [Amount Due].

Please take a moment to review your account and make the necessary payment. If you have already sent your payment, please disregard this notice.

Payment can be made via our website, over the phone, or by mail. For your convenience, we have included our payment options below:

- Online: [Website URL]
- Phone: [Customer Service Phone Number]
- Mail: [Mailing Address]

If you have any questions about your bill or payment options, please do not hesitate to contact us at [Customer Service Email] or call us at [Customer Service Phone Number].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Medical Practice/Facility Name]

[Contact Information]