

# Payment Request for Unpaid Healthcare Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to follow up on the outstanding payment for healthcare services rendered on [insert date(s) of service]. As of today, the total amount due is [insert amount].

Details of services provided:

- [Service Description 1] - [Amount]
- [Service Description 2] - [Amount]
- [Service Description 3] - [Amount]

Please remit payment by [insert due date] to avoid any late fees. Payment can be made via [insert payment methods accepted]. If you have already sent your payment, please disregard this notice.

Thank you for your attention to this matter. If you have any questions or concerns, please do not hesitate to contact me at [your phone number] or [your email].

Sincerely,

[Your Name]

[Your Title/Position]