

Prompt Payment Request for Medical Services

Date: [Insert Date]

[Your Name]
[Your Title]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Recipient Name]
[Recipient Title]
[Recipient Organization]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to follow up on the outstanding payment for medical services rendered on [insert service date]. Our records indicate that the amount of [insert amount] remains unpaid, and we kindly request prompt payment to avoid any disruption in your account.

Details of services provided:

- Service Date: [insert service date]
- Description of Service: [insert description]
- Invoice Number: [insert invoice number]
- Total Amount Due: [insert amount]

Please remit payment by [insert due date] using the payment methods previously discussed. If you have already processed this payment, please disregard this notice. Should you have any questions or require further assistance, feel free to contact me at [insert phone number] or via email at [insert email address].

Thank you for your attention to this matter. We appreciate your prompt response.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]