

# Second Notice for Medical Bill Settlement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

This is a second notice regarding the outstanding balance of your medical bill dated [Insert Original Bill Date]. As of today, we have not received payment, and the current balance is [Insert Amount Due].

We kindly ask that you settle this amount to avoid any further action. Please make your payment by [Insert Due Date]. If you have already sent your payment or wish to discuss this matter, please contact us at your earliest convenience.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Company/Organization Name]