

# Health Service Charge Reminder

Date: [Insert Date]

Dear [Recipient's Name],

We hope this message finds you well. We are writing to remind you of the outstanding health service charges related to your recent visit to [Healthcare Facility Name].

As of today, the following charges remain unpaid:

- Service Description: [Service 1] - Amount: \$[Amount]
- Service Description: [Service 2] - Amount: \$[Amount]
- Total Outstanding Balance: \$[Total Amount]

We kindly ask that you settle this balance by [Due Date] to avoid any late fees or service interruptions.

Payment can be made through our website or by contacting our billing department at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Contact Information]