

# Medical Account Balance Due Notice

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Account Number: [Insert Account Number]

Address: [Insert Patient Address]

Dear [Insert Patient Name],

We are writing to inform you that your medical account currently has an outstanding balance of \$[Insert Amount Due]. This balance consists of services provided on [Insert Date of Services] and was due for payment on [Insert Due Date].

To avoid any further actions or late fees, we kindly ask that you remit payment by [Insert New Due Date]. Payment can be made by check, credit card, or online through our patient portal.

If you have already made this payment, please disregard this notice. If you have any questions or concerns regarding your account, please do not hesitate to contact our office at [Insert Contact Number] or [Insert Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Medical Practice Name]

[Contact Information]