

Overdue Payment Notice

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Insert Patient Name],

We hope this message finds you well. We are writing to remind you that your payment for medical services rendered on [Insert Date of Service] is currently overdue. Our records indicate that the total amount of [Insert Amount Due] remains unpaid.

Please take a moment to review your account details below:

- Service Date: [Insert Date of Service]
- Service Description: [Insert Description]
- Amount Due: [Insert Amount Due]

We kindly ask that you process this payment by [Insert Deadline Date] to avoid any late fees or disruption of services. Payment can be made online at [Insert Payment Link] or by calling our billing department at [Insert Phone Number].

If you have already sent your payment, please disregard this notice. If you have any questions or concerns regarding your account, do not hesitate to reach out to our billing department.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Medical Facility Name]

[Contact Information]