

Outstanding Balance Reminder

Dear [Patient's Name],

We hope this message finds you well. This is a reminder that there is an outstanding balance on your account for the medical services provided on [Date of Service].

As of today, the total amount due is [Amount]. We kindly ask that you remit payment by [Due Date] to avoid any additional fees.

You can make your payment through the following options:

- Online: [Website Link]
- Phone: [Phone Number]
- Mail: [Mailing Address]

If you have any questions regarding your balance or need to discuss payment arrangements, please do not hesitate to contact our office at [Office Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Contact Information]