

# Outstanding Medical Invoice Alert

Date: [Insert Date]

Dear [Patient's Name],

This is a friendly reminder that your medical invoice dated [Invoice Date] is currently outstanding.

Invoice Number: [Invoice Number]

Amount Due: \$[Amount]

Please make the payment by [Due Date] to avoid any late fees or service interruptions.

If you have already made the payment, please disregard this notice. For any questions, feel free to contact our billing department at [Contact Information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Medical Facility Name]

[Your Contact Information]