

# Overdue Medical Bill Notification

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We hope this message finds you well. This is a reminder that your medical bill dated [Insert Bill Date] is now overdue. The total amount due is [Insert Amount Due].

Please make the payment by [Insert Payment Deadline] to avoid any late fees or further collection actions.

Payment can be made through the following methods:

- Online Payment: [Insert Online Payment Link]
- Mail: [Insert Mailing Address]
- Phone: [Insert Phone Number]

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

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Contact Information]