

Patient Account Statement

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Account Number: [Insert Account Number]

Dear [Insert Patient Name],

We hope this message finds you well. This letter serves as a reminder that your account with us is currently overdue. Below is a summary of your outstanding balance:

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

Total Amount Due: **[Insert Total Amount]**

Please arrange for payment at your earliest convenience to avoid further action. If you have already made a payment, please disregard this notice.

If you have any questions, feel free to contact our billing department at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Facility/Organization Name]

[Insert Contact Information]