

Medical Bill Payment Request

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to remind you about the outstanding medical bill dated [Insert Date] for the services rendered at [Hospital/Clinic Name]. The total amount due is [Total Amount].

Despite previous communications, we have not yet received the payment. We kindly ask that this matter is addressed at your earliest convenience to avoid any additional late fees.

Please feel free to reach out to us if you have any questions or if you require further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]

[Company/Organization Name]