

Unpaid Healthcare Bill Notice

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We are writing to inform you that your healthcare bill dated [Insert Bill Date] remains unpaid. The total amount due is [Insert Amount Due].

Please ensure that payment is made by [Insert Payment Due Date] to avoid any additional fees or disruption of your healthcare services.

For your convenience, you can make your payment via [Insert Payment Methods]. If you have already made this payment, please disregard this notice.

If you have any questions or require further assistance, please do not hesitate to contact our billing department at [Insert Phone Number] or [Insert Email Address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider Name]