[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

[Account #]

[$ Balance Due]

Dear [Patient Name]:

This letter is to notify you of an outstanding balance on your account. On [date], we sent a billing statement for services provided, and as of [date] we have not received a response. The patient balance noted above is the amount that is your responsibility after your insurance company has made payments.

If you have a question regarding your bill or need help understanding your insurance’s Explanation of Benefits, we would be happy to help. We understand health plan billing and insurance, and especially vision plan billing and coverage, is not always simple to understand.

We also understand that our patients sometimes experience financial difficulties. Please let us know if you need to set up payment arrangement. We are able to help you pay for the care you were provided without causing undue hardship.

If you think you have received this notification in error, please contact our office. Otherwise, we look forward to receiving payment within [# of days] of receiving this letter.

No matter what, we want to work together to resolve this outstanding payment, so that we can continue our relationship. Your health and wellbeing are our foremost concern, and we are here to help you in whatever way we can.

We look forward to hearing from you at your earliest convenience.

Sincerely,

[Physician Name]

[Practice Name (if applicable)]

[Address]

[Email Address]

[Phone Number]

[Fax Number]

Enc.