

Patient Balance Follow-Up Letter

Three-notice template (First, Second, Final) — use the appropriate notice for each stage of collections

Instructions: Use one letter per notice cycle. Delete the two notices not being sent. Customize bracketed fields before printing or mailing. Keep a copy in the patient's account.

FIRST NOTICE — FRIENDLY REMINDER

FIRST NOTICE — BALANCE DUE

Date: [Today's Date]

Patient Name: [Patient Full Name]

Account Number: [Account Number]

Date(s) of Service: [MM/DD/YYYY]

Amount Due: [\$[Balance Due]]

Due By: [MM/DD/YYYY]

Dear [Patient Name],

Our records show a balance of \$[amount] on your account for services received on [date(s) of service]. Your insurance has been billed and has processed your claim. The remaining balance is your responsibility per your benefit plan.

To pay your balance, please visit our patient portal at [URL], call our billing office at [phone], or mail a check payable to [Practice Name] to the address above. Payment in full is due by [due date].

If you believe this balance is incorrect, or if your insurance coverage has changed, please contact our billing office so we can review your account.

If you have already sent your payment, please disregard this notice. Thank you for your prompt attention.

Sincerely,

Practice Name: [Practice Name]

Phone: [Phone Number]

Email / Portal: [Email or Payment Portal URL]

Office Hours: [Hours]

SECOND NOTICE — PAST DUE

SECOND NOTICE — PAST DUE BALANCE

Date: [Today's Date]

Patient Name: [Patient Full Name]

Account Number: [Account Number]

Date(s) of Service: [MM/DD/YYYY]

Phone:

[Phone Number]

Email / Portal:

[Email or Payment Portal URL]

Office Hours:

[Hours]

OFFICE USE ONLY — Notice sent: 1st 2nd Final Date sent: _____ Method: Mail Email Phone
 Portal Staff: _____

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