

# Medical Collection Letter

Subject: Notice of Outstanding Medical Balance

Dear [Patient's Name],

I hope this letter finds you in good health. I am writing to inform you that there is an outstanding balance on your account with [Medical Provider's Name]. Our records indicate that you have not yet settled the amount due for the medical services rendered on [Date(s)].

The purpose of this letter is to request immediate payment of the outstanding balance, which amounts to \$[Amount Due]. The services provided to you were necessary for your well-being, and it is essential for us to receive payment promptly to continue delivering quality care to our patients.

Please find enclosed a detailed statement outlining the services provided, the associated costs, and the remaining balance. It is important to note that this balance has been due for [Number of Days/Months]. We kindly request that you submit the full payment by [Payment Due Date] to avoid any further collection actions.

We understand that unforeseen circumstances may sometimes hinder timely payment. If you are experiencing financial difficulties, we urge you to contact our billing department at [Billing Department Phone Number] as soon as possible. We are committed to assisting our patients and exploring suitable payment arrangements or alternative options that may be available to you.

To facilitate payment, we accept various methods, including:

1. Online payment through our secure portal at [Payment Portal Website]
2. Mail a check or money order to the address mentioned above, payable to [Medical Provider's Name]
3. Call our billing department to arrange a credit card payment over the phone

We value our relationship with you and would like to resolve this matter amicably. However, failure to remit payment or communicate your circumstances within the specified time frame may leave us with no choice but to take further collection measures. Please be aware that this could adversely affect your credit rating.

If you have already made the payment, we apologize for any inconvenience and request you to disregard this notice. However, if you have any queries or require clarification regarding the outstanding balance or any other matter, please do not hesitate to contact our billing department. Thank you for your prompt attention to this matter. We appreciate your cooperation and trust that you understand the importance of settling this outstanding balance. We look forward to continuing to serve you and meeting your healthcare needs.

Sincerely,

[Your Name]

[Your Title]

[Medical Provider's Name]

[Contact Information]