

Date:

John Doe

Address

City, State, Zip Code

Dear Mr. Doe,

This letter is to remind you of your outstanding balance in the amount of \$ _____. Please remit this balance within ten (10) days or contact our office at _____ to advise us when we can expect to receive your payment or if you would like to make other financial arrangements with us.

As a courtesy to our patients, we do accept MASTER CARD AND VISA. If you choose to pay your balance with this option, simply complete the form at the bottom, sign and return this letter to our office.

If you have already mailed your payment, please accept our thanks and apologies for any inconvenience this may have caused.

Sincerely,

Patient Account Coordinator

☐ **MASTERCARD** ☐ **VISA**

Card # _____ Expiration Date _____

Cardholder's Signature _____ Date _____

Cardholder's Name _____ Amount \$ _____