

# Medical Bill Payment Demand Letter

Date:

To:

From:

Subject: Demand for Payment of Outstanding Medical Bill

Dear

This letter serves as a formal demand for payment of your outstanding medical bill for services rendered at on .  
The details of the outstanding amount are as follows:

Invoice/Account Number:

Amount Due:

Date of Service:

Due Date:

Despite previous reminders, this balance remains unpaid. Please remit payment in full within days of the date of this letter to avoid further action. If you have already sent payment, please disregard this notice. If you have questions, contact us at the number below.

Please send your payment to:

Thank you for your prompt attention to this matter.

Sincerely,