

Sample letter to contact delinquent payers

Date

Patient Name
Street Address
City, State Zip

Dear (insert patient's first name),

Recently, we sent you billing statements on [date] and [date]. We offer billing as a special convenience to our patients, and would like payment of the enclosed statement by [date]. If for any reason you cannot pay the balance or if you have any questions, please call us as soon as possible at [office number].

If you have already mailed your payment, please disregard this letter.

Sincerely,

Dentist's Signature

Content courtesy of [The ADA Practical Guide to Dental Letters: Write, Blog and Email Your Way to Success](#) and [The ADA Guidelines for Practice Success™ module on Managing Patients](#).

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