

Sample letter to collect patient balance due 30 days

After sending a statement indicating the balance still due on the patient's account

Date

Patient Name
Street Address
City, State Zip

Dear (insert patient's first name),

Thank you for your recent office visit. Our office has received payment from your dental benefit carrier for your dental treatment. However, due to the limitations of your dental plan, only a portion of the bill was covered. The balance of your payment is (amount). According to the agreement you signed before you began treatment, you are responsible for this remaining balance.

Please send this amount to our office as soon as possible. If you have any questions, contact your dental plan carrier, your human resources department or our office at (office number). Again, it is our pleasure to provide you with outstanding dental care.

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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