



8/6/2024

Patient Name: [Name]
Acct No: [Account Number]
Date of Service: [Date]
Amount Due: [Balance]
Due Date: 8/20/2024

[Name]
[Street Address]
[City], [State] [Zip]

***The account number will be 9 digits,
starting with a 1, 2, 3, or 4.***

Dear [Name],

