INVOICE

[Invoice Number]

OVERDUE

Provider Information:
[Practice/Clinic Name]
[Tax ID / NPI]
[Address]
[Phone/Email]
Patient Information:
[Patient Name]
[Patient ID / DOB]
[Patient Address]
[Insurance Policy ID]

Original Date: [MM/DD/YYYY]
Original Due Date: [MM/DD/YYYY]

Days Past Due: [Number]

Date of Service	CPT Code / Description	Charge
[MM/DD/YYYY]	[Code] - [Service Description]	$0.00
[MM/DD/YYYY]	[Code] - [Service Description]	$0.00

Subtotal: $0.00
Insurance Paid: ($0.00)
Late Payment Penalty: $0.00

Total Amount Due: $0.00

Payment Notice: This account is past due. Please submit payment immediately to avoid further collection actions or credit reporting. If payment has already been sent, please disregard this notice.

Remit Payment To: [Payee Name], [Payment Address or Online Portal URL]