YOUR COMPANY NAME
Provider of Healthcare Personnel
Your Address
Your Phone number and email address
www.companywebsite.com

PAST DUE REMINDER

Date:

To:

Dear

Please take note that your account is 10 days past due in the amount of _____Dollars ($ 0.00). We sent you a statement a short time ago.

Please remit payment to us as soon as possible.

Thank you,

_____

PAST DUE REMINDER

PAST DUE REMINDER