



Patient Name:

Dear Mr/Mrs.

We are writing to you again, to remind you know that your family has a balance of _____ with our practice.

Your family remains in the very small minority of families that have not paid in full or made arrangement to pay their medical bills with our practice.

We want to assist in any way we can to help you fulfill your commitment without causing undue hardship.

If you have not sent in payment because you have a question regarding your bill or need help reading your insurance's EOB, give us a call. We understand medical billing is not simple. We can also arrange a payment plan if your family is experiencing financial difficulties.

Without receiving full payment for our services, it becomes difficult to address the healthcare needs of your children and the needs of the children in the community.

Our staff and providers would appreciate your immediate attention with this matter.

We apologize if you have already sent in payment or received this letter in error.

Sincerely,

Jeff Berry
Financial Supervisor

Joanna Betancourt MD | Sandra Graba MD | Maricann Bock APN

600 S. Randall Rd. Suite 220 | Algonquin IL 60102

p: (847) 854-9402 f: (847) 854-9403