

[Your Company Letterhead]

[Date]

[Service Provider's Name]

[Service Provider's Address]

[City, State, Zip Code]

Subject: Payment Request for GGT Services

Dear [Service Provider's Name],

We hope this message finds you well. This letter serves as a formal request for the payment due for the services rendered under our agreement pertaining to GGT (Gamma-Glutamyl Transferase) testing and related services.

Details of the services provided:

- ****Service Description****: [Insert description of services]
- ****Invoice Number****: [Insert invoice number]
- ****Date of Service****: [Insert date(s) of service]
- ****Total Amount Due****: [Insert total amount due]

We kindly request that the payment be processed by [insert due date] to avoid any late fees or service interruptions. Please find the invoice attached for your reference.

Should you have any questions or require further information, please do not hesitate to contact us at [insert your contact information].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]

[Your Contact Information]

[Your Company Website, if applicable]

Enclosure: Invoice #[Invoice Number]