

[Your Company Name/Agency Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]

**Date:** [Current Date]

**TO:**

[Debtor Name]  
[Address Line 1]  
[City, State, Zip Code]

**RE: NOTICE OF OVERDUE ACCOUNT**

**Creditor:** [Hospital Name]  
**Account Number:** [Account Number]  
**Amount Due:** \$[Total Amount]

Dear [Debtor Name],

Please be advised that your account with [Hospital Name] has been referred to this office for collection. This letter serves as formal notice of your outstanding balance for medical services rendered on [Date of Service].

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume the debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such verification or judgment.

Upon your written request within the 30-day period, this office will provide you with the name and address of the original creditor, if different from the current creditor.

**Payment Options:**

- By Mail: Send a check or money order to the address listed above.
- By Phone: Call us at [Phone Number] to pay via credit/debit card.
- Online: Visit [Website URL] to make a payment.

If you are unable to pay the full amount at this time, please contact our office immediately to discuss available payment plans or financial assistance programs.

Sincerely,

[Name/Signature]  
[Title]  
[Your Company Name]

*This is an attempt to collect a debt by a debt collector and any information obtained will be used for that purpose.*