

URGENT: SECOND NOTICE

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Account Number: [Insert Account Number]

Total Amount Due: \$[Insert Amount]

Dear [Insert Debtor Name],

We are contacting you because we have not received a response to our previous notice regarding your outstanding medical balance of \$[Insert Amount]. This balance is now significantly past due.

This is your second reminder. We understand that medical expenses can be unexpected, but it is important that you contact our billing office immediately to resolve this debt. Your account is currently at risk of being transferred to a formal collection agency, which may impact your credit rating.

Please remit payment in full by [Insert Deadline Date].

Payment Options:

- Online: [Insert Website URL]
- By Phone: [Insert Phone Number]
- By Mail: Please send a check to the address listed below.

If you are experiencing financial hardship, please call us at [Insert Phone Number] to discuss a structured payment plan or to see if you qualify for financial assistance.

If you have already sent your payment, please disregard this notice.

Sincerely,

[Your Name/Department]

[Medical Facility Name]

[Address]

[Phone Number]