

Date: [Insert Date]

TO:

[Patient Name]
[Patient Address]
[City, State, Zip Code]

FROM:

[Medical Provider/Collection Agency Name]
[Address]
[Phone Number]

RE: FINAL NOTICE PRIOR TO LEGAL ACTION

Account Number: [Insert Account Number]

Patient Name: [Insert Patient Name]

Total Balance Due: \$[Insert Amount]

Dear [Patient Name],

This letter serves as formal notice that your account is now severely delinquent. Despite our previous attempts to resolve this balance, we have not received the payment required to clear your debt.

Please be advised that this is your **FINAL WARNING**. If payment is not received in full or a formal payment plan is not established within [Insert Number, e.g., 10] days from the date of this letter, we will be forced to escalate this matter. Escalation may include the following:

- Transferring your account to an external legal firm.
- Reporting this delinquency to national credit reporting agencies.
- Commencement of a civil lawsuit to recover the debt, including court costs and interest.

To prevent further action, please remit the full balance of \$[Insert Amount] immediately. You may pay by phone at [Insert Phone Number] or online at [Insert Website].

If you are experiencing financial hardship or believe this bill is in error, you must contact our billing department immediately at [Insert Phone Number] to discuss your options or provide insurance documentation.

Govern your actions accordingly.

Sincerely,

[Your Name/Department]
[Organization Name]