

DATE: [Insert Date]

TO:

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: NOTICE OF INTENT TO FILE LAWSUIT

Account Number: [Insert Account Number]

Total Amount Due: \$[Insert Amount]

Dear [Patient Name],

This letter serves as formal notice regarding your delinquent medical account with [Name of Medical Provider/Facility]. Despite our previous attempts to collect the balance through invoices and reminders, your account remains unpaid.

As of this date, your balance is \$[Insert Amount]. This amount is significantly past due.

Please be advised that if payment is not received in full by [Insert Deadline Date - e.g., 10 days from today], we will have no choice but to initiate legal proceedings against you to recover the debt. This may include, but is not limited to:

- Filing a summons and complaint in civil court.
- Seeking a judgment for the principal amount plus interest.
- Requesting reimbursement for court costs and legal fees.
- Potential wage garnishment as permitted by law.

To avoid legal action, please remit the full payment immediately. Payments can be made via [Insert Payment Method, e.g., online portal, check, or phone].

If you have already sent payment or believe this notice was sent in error, please contact our billing department immediately at [Insert Phone Number].

Sincerely,

[Your Name/Signature]

[Title/Department]

[Medical Provider Name]

[Contact Phone Number]