

FINAL NOTICE PRIOR TO LEGAL ACTION

Date: [Current Date]

To:

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Final Demand for Payment

Patient Account Number: [Account Number]

Balance Due: \$[Total Amount Due]

Original Date of Service: [Date]

Dear [Patient Name],

This letter serves as formal notification that your medical account is now severely delinquent. Despite our previous attempts to resolve this balance through invoices and reminders, we have not received the necessary payment.

Please be advised that this is your **FINAL NOTICE**. If we do not receive payment in full or an agreed-upon payment plan within [Number, e.g., 10] business days from the date of this letter, we will have no choice but to transfer your file to our legal counsel to initiate a lawsuit.

A legal judgment against you may result in:

- Garnishment of wages
- Seizure of assets or bank levies
- Additional court costs and attorney fees
- Negative impact on your credit report

To prevent further action, please submit your payment immediately via one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Payment Address]

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

Sincerely,

[Your Name/Department]

[Medical Facility/Company Name]

[Phone Number]