

[Your Name/Organization Name]  
[Billing Department Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

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

**RE: FINAL DEMAND FOR PAYMENT - Account #[Account Number]**

Dear [Patient Name],

This letter serves as a formal final demand for payment regarding your outstanding medical balance in the amount of \$[Amount Owed].

Despite previous notices sent on [Date of First Notice] and [Date of Second Notice], our records indicate that your account remains delinquent. The services provided on [Date of Service] are now significantly past due.

Please be advised that this is your **final notice**. You are required to remit the full payment of \$[Amount Owed] by [Deadline Date, e.g., 10 days from today].

Payment can be made via the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Please send a check or money order to the address listed above.

Failure to settle this debt or contact our office to establish a payment plan by the deadline stated above will result in your account being transferred to an external collection agency. This action may negatively impact your credit rating.

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

Sincerely,

[Your Name/Signature]  
[Title]  
[Organization Name]