

## **URGENT: NOTICE OF INTENT TO INITIATE LEGAL PROCEEDINGS**

Date: [Insert Date]

### **RE: NOTICE OF UNPAID HEALTHCARE BALANCE**

**Patient Name:** [Insert Patient Name]

**Account Number:** [Insert Account Number]

**Outstanding Balance:** [Insert Amount Due]

To [Name of Debtor/Patient],

This letter serves as formal notice regarding your delinquent account balance with [Name of Healthcare Provider/Facility] for medical services rendered on [Date of Service].

Despite previous attempts to resolve this matter through standard billing and collection procedures, our records indicate that your balance of [Insert Amount Due] remains unpaid. Your account is now [Number] days past due.

Please be advised that this is your final opportunity to resolve this debt voluntarily. Failure to remit full payment or establish an approved payment plan by [Insert Deadline Date - e.g., 10 business days from today] will result in this account being forwarded to our legal counsel for formal litigation.

If legal action is initiated, we will seek to recover the full outstanding balance, as well as any applicable interest, court costs, and legal fees as permitted by law. This action may also result in a negative impact on your credit report.

To prevent further escalation, please submit payment via one of the following methods:

- **Online:** [Insert Website URL]
- **Phone:** [Insert Phone Number]
- **Mail:** [Insert Mailing Address for Payments]

If you believe this balance is in error or have already remitted payment, please contact our billing department immediately at [Insert Phone Number] to provide documentation.

Govern yourself accordingly.

Sincerely,

[Your Name/Name of Representative]

[Title]

[Healthcare Facility Name/Department]

[Contact Phone Number]