

URGENT: FINAL NOTICE BEFORE LEGAL ACTION

[Date]

[Debtor Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Notice of Intent to Initiate Legal Proceedings for Outstanding Hospital Arrears

Patient Name: [Patient Name]
Account Number: [Account Number]
Total Amount Overdue: \$[Amount]

Dear [Debtor Name],

This letter serves as formal notice that your account with [Hospital Name] is severely past due. Despite previous requests for payment, our records indicate an outstanding balance of \$[Amount] remains unpaid.

Please be advised that this is our final attempt to resolve this matter amicably. If the full amount is not received or a formal payment plan is not established by [Deadline Date - e.g., 7 days from date of letter], we will have no choice but to escalate this account to our legal department or a third-party collection agency.

Legal action may result in:

- A formal lawsuit filed against you.
- Additional court costs and legal fees added to your balance.
- Potential impact on your credit rating.
- Garnishment of wages or bank accounts (upon court judgment).

To prevent this action, please remit payment immediately via [Payment Methods - e.g., online portal, phone, or check] or contact our Billing Department at [Phone Number] today to discuss a settlement.

If you have already made this payment, please disregard this notice and provide us with proof of payment for our records.

Sincerely,

[Name/Department]
[Hospital Name]
[Contact Information]