

**DATE:** [Current Date]

**TO:**

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

**FROM:**

[Clinic Name]  
[Billing Department Address]  
[Phone Number]

**RE: NOTICE OF IMPENDING LITIGATION / FINAL DEMAND FOR PAYMENT**

Dear [Patient Name],

This letter serves as formal notice regarding your overdue balance in the amount of **[\$Total Amount Due]** for medical services rendered on [Date of Service] at [Clinic Name].

Despite multiple previous attempts to collect this debt, our records indicate that your account remains unpaid. Your failure to respond or settle this balance has left us with no alternative but to escalate this matter.

Please be advised that if payment is not received in full by **[Deadline Date, e.g., 10 days from today]**, we will initiate formal legal proceedings against you. This may include:

- Filing a lawsuit in small claims or civil court.
- Reporting the delinquency to national credit bureaus.
- Referring your account to a third-party collection agency.

If legal action is taken, you may be held responsible for the original balance, accrued interest, court costs, and reasonable attorney fees.

To avoid litigation, please remit the full payment immediately via [Accepted Payment Methods] or contact our billing office at [Phone Number] to discuss a final settlement or payment plan.

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

Sincerely,

[Signature]  
[Name of Clinic Representative]  
[Title/Department]  
[Clinic Name]