

URGENT: NOTICE OF INTENT TO INITIATE LEGAL ACTION

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Account Number: [Insert Account Number]

Total Balance Due: \$[Insert Amount]

Dear [Insert Debtor Name],

This letter serves as a final formal warning regarding your past-due balance with [Insert Medical Provider Name] for services rendered on [Insert Date of Service].

Despite our previous attempts to resolve this matter through monthly statements and phone calls, your account remains unpaid. This is a notification that if we do not receive payment in full or an agreed-upon payment plan within [Insert Number, e.g., 10] days from the date of this letter, we will be forced to escalate this matter.

Failure to respond will result in the following actions:

- Transfer of your account to a third-party collection agency.
- Referral to our legal department to file a formal summons and complaint in court.
- Potential reporting of this delinquency to national credit bureaus.

If a lawsuit is filed, you may be held responsible for the original debt, plus court costs, service fees, and applicable interest.

To prevent legal action, please remit payment via [Insert Payment Method/Link] or call our billing office immediately at [Insert Phone Number] to discuss a settlement.

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

Sincerely,

[Insert Name/Department]

[Insert Medical Provider Name]

[Insert Address]

[Insert Phone Number]