

## **URGENT NOTICE: INTENT TO INITIATE LEGAL ACTION**

Date: [Insert Date]

### **TO:**

[Patient/Debtor Name]

[Address]

[City, State, Zip Code]

### **RE: NOTICE OF OUTSTANDING MEDICAL DEBT**

Account Number: [Insert Account Number]

Total Amount Due: \$[Insert Amount]

Dear [Patient Name],

This letter serves as formal notice regarding your delinquent balance of \$[Insert Amount] for medical services provided on [Insert Date of Service] at [Insert Facility Name].

Despite previous attempts to resolve this matter through standard billing cycles and collection notices, our records indicate that your account remains unpaid. Your failure to address this debt has now resulted in your account being flagged for pre-litigation review.

### **DEMAND FOR PAYMENT**

You are hereby requested to pay the full outstanding balance of \$[Insert Amount] within [Insert Number, e.g., 10] days from the date of this letter. Payments can be made via [Insert Payment Methods, e.g., Check, Online Portal, or Phone].

### **CONSEQUENCES OF NON-COMPLIANCE**

Failure to receive payment or a satisfactory payment arrangement by the deadline specified above will result in this matter being escalated. We reserve the right to pursue all available legal remedies, which may include:

- Filing a formal lawsuit in civil court.
- Seeking a judgment for the principal amount plus applicable interest and court costs.
- Reporting this delinquency to national credit bureaus, which may negatively impact your credit rating.

If you believe this amount is in error or if you have already sent payment, please contact our billing department immediately at [Insert Phone Number] to provide verification.

We strongly urge you to resolve this matter immediately to avoid the necessity of legal intervention.

Sincerely,

[Your Name/Signature]  
[Title/Department Name]  
[Medical Facility/Organization Name]  
[Contact Phone Number]