

NOTICE OF INTENT TO FILE SUIT

Date: [Insert Date]

Via: [Certified Mail / Return Receipt Requested]

FROM:

[Name of Creditor or Law Firm]

[Address]

[City, State, Zip Code]

TO:

[Debtor Name]

[Debtor Address]

[Debtor City, State, Zip Code]

RE: Notice of Intent to Initiate Legal Action for Medical Debt

Account Number: [Insert Account Number]

Original Creditor: [Insert Name of Hospital/Provider]

Amount Currently Due: \$[Insert Amount]

Dear [Debtor Name],

This letter serves as formal notice that you are currently in default of your financial obligations regarding the medical services provided by [Original Creditor] on [Date of Service]. Despite previous attempts to collect this debt, our records indicate that the balance of \$[Insert Amount] remains unpaid.

Please be advised that it is our intention to file a formal lawsuit against you in [Name of County] County Court to recover the full amount owed, plus applicable interest, court costs, and legal fees, if payment is not received within [Number, e.g., 10 or 30] days from the date of this letter.

Required Statutory Disclosures:

- This is an attempt to collect a debt, and any information obtained will be used for that purpose.
- If you dispute the validity of this debt, or any portion thereof, you must notify this office in writing within thirty (30) days of receiving this notice.
- If you request verification of the debt in writing within this thirty-day period, we will provide you with a copy of the verification or judgment.

To prevent the initiation of legal proceedings, please remit the full payment to the address listed above or contact our office at [Phone Number] to discuss a formal payment arrangement.

If you have already paid this bill or have filed for bankruptcy protection, please disregard this notice and provide our office with the relevant documentation or case number.

Sincerely,

[Signature]

[Printed Name/Title]

[Name of Entity]