

URGENT: NOTICE OF INTENT TO SUE

Date: [Insert Date]

To: [Name of Debtor/Business Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

Re: Notice of Default - Medical Equipment Lease Agreement #[Insert Lease Number]

Dear [Name of Contact Person],

This letter serves as formal notice that you are in final default of your medical equipment lease agreement dated [Insert Original Agreement Date] regarding the following equipment: [Insert Description of Equipment/Serial Numbers].

As of this date, your account is past due in the amount of \$[Insert Total Amount Due]. This balance includes late fees, interest, and penalties as outlined in your contract.

Despite previous attempts to resolve this matter, we have not received the required payment. Please be advised that it is our intent to initiate formal legal proceedings against you in a court of law to recover the full balance due, plus attorney's fees and court costs, if payment is not received in full by [Insert Deadline Date - e.g., 7 or 10 days from today].

Failure to comply with this demand will result in the following actions:

- Commencement of a lawsuit for breach of contract.
- Immediate repossession of the leased medical equipment.
- Reporting of this default to major credit reporting agencies.

You may avoid litigation by remitting the total amount of \$[Insert Amount] to the address listed below before the deadline stated above.

Please contact our office immediately at [Insert Phone Number] to confirm that payment has been sent or to discuss a final settlement.

Govern yourself accordingly.

Sincerely,

[Your Name/Company Name]

[Your Title]

[Your Phone Number]

[Your Email Address]