Date: [Date]

Patient Name: [Patient Name]
Patient Address: [Patient Address]
Account Number: [Account Number]

Subject: NOTICE OF CLINIC POLICY VIOLATION - UNRESOLVED MEDICAL BILLS

Dear [Patient Name],

This letter is to formally notify you that your account with [Clinic Name] is currently in violation of our financial policy. Despite previous billing statements and reminders, your balance of $[Amount] remains unpaid and is now [Number] days past due.

Our records indicate that the following services remain outstanding:

- Date of Service: [Date] - Description: [Service]
- Date of Service: [Date] - Description: [Service]

Policy Consequences:
Per our clinic policy, failure to resolve outstanding balances may result in the following actions:

- Suspension of non-emergency medical services.
- Requirement of full payment before any future appointments are scheduled.
- Transfer of your account to an external collection agency.
- Possible dismissal from the practice.

Please contact our billing department immediately at [Phone Number] to issue payment or to establish a formal payment plan. You may also pay online at [Website Address].

If payment has already been sent, please disregard this notice.

Sincerely,

[Sender Name]
[Title]
[Clinic Name]
[Phone Number]