

[Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

[Patient Name]  
[Patient Address]  
[City, State, Zip Code]

**RE: Notice of Account Settlement - Account #[Account Number]**

Dear [Patient Name],

This letter serves as official notification regarding the outstanding balance on your account with [Clinic Name] for services rendered on [Date of Service].

As of [Current Date], our records indicate an unpaid balance of \$[Total Amount Owed]. We are writing to offer a formal settlement agreement to resolve this debt.

**Settlement Offer:**

- **Settlement Amount:** \$[Reduced Amount]
- **Due Date:** [Payment Deadline Date]

Upon receipt of the settlement amount of \$[Reduced Amount] by the specified deadline, [Clinic Name] will consider your account paid in full. We will update our records to show a zero balance and cease all further collection activities regarding this specific debt.

Please make your payment via [Payment Method: Check/Credit Card/Online Portal]. If paying by check, please include your account number in the memo line.

If you have any questions or wish to discuss alternative payment arrangements, please contact our billing department at [Billing Phone Number] or [Billing Email Address].

Sincerely,

[Name of Billing Manager/Representative]  
Billing Department  
[Clinic Name]