

## FINAL NOTICE PRIOR TO LEGAL ACTION

Date: [Current Date]

### Recipient Information:

[Patient Name]

[Patient Address]

[City, State, Zip Code]

### Account Details:

Patient ID: [Account Number]

Invoice Number: [Invoice Number]

Outstanding Balance: \$[Amount Due]

Dear [Patient Name],

This is a formal Final Notice regarding your long-overdue balance for medical services provided at [Clinic Name] on [Date of Service]. Despite our previous attempts to contact you via mail and telephone, your account remains unpaid.

Please be advised that this is your final opportunity to resolve this debt voluntarily. If the full payment of \$[Amount Due] is not received by [Deadline Date], we will have no choice but to transfer your account to a third-party collection agency or initiate legal proceedings to recover the funds.

To avoid further action and potential impact on your credit rating, please submit your payment immediately through one of the following methods:

- **Online:** [Website URL]
- **Phone:** [Phone Number]
- **Mail:** [Clinic Address for Payments]

If you are experiencing financial hardship or believe this bill is in error, you must contact our billing department at [Phone Number] immediately before the deadline mentioned above.

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

Sincerely,

[Your Name/Department Name]

[Clinic Name]

[Contact Email]

[Contact Phone Number]