

URGENT: NOTICE OF INTENT TO INITIATE LEGAL PROCEEDINGS

Date: [Insert Date]

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

Re: Delinquent Account for Services at [Clinic Name]

Account Number: [Insert Account Number]
Total Outstanding Balance: \$[Insert Amount]

Dear [Patient Name],

This letter serves as a formal final notice regarding your unpaid balance of \$[Insert Amount] for medical services provided on [Insert Date/Range of Dates].

Despite our previous attempts to resolve this matter through invoices and reminders, your account remains seriously delinquent. We have not received the required payment or a response regarding a payment plan.

Please be advised that if we do not receive payment in full by [Insert Deadline Date, e.g., 10 days from today], we will be forced to take further action to protect our interests. This may include:

- Transferring your account to a third-party debt collection agency.
- Reporting the delinquency to national credit bureaus.
- Commencing formal litigation through the court system to recover the debt, including interest, court costs, and legal fees.

You can avoid these actions by remitting the full balance immediately. Please send payment to:

[Clinic Name]
[Payment Address]
[City, State, Zip Code]

If you wish to discuss a settlement or establish a payment arrangement, you must contact our billing office at [Phone Number] or [Email Address] before the deadline stated above.

We hope to resolve this matter amicably and look forward to your immediate response.

Sincerely,

[Your Name/Signature]
[Title/Department]
[Clinic Name]