

[Your Name/Organization Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

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

**RE: FORMAL DEMAND FOR PAYMENT - Account # [Account Number]**

Dear [Recipient Name],

This letter serves as a formal demand for payment regarding outstanding medical services provided on [Date of Service]. To date, your account remains delinquent in the amount of \$[Total Amount Owed].

Our records indicate that the following invoices are past due:

- Invoice #[Number] - Date: [Date] - Amount: \$[Amount]
- Invoice #[Number] - Date: [Date] - Amount: \$[Amount]

Despite previous notifications and attempts to resolve this matter, we have not received the balance due or a request for a payment arrangement. Please be advised that this is your final notice.

You are hereby requested to remit the full payment of \$[Total Amount Owed] by [Deadline Date - e.g., 10 days from today]. Payments can be made via [Payment Methods: Check, Credit Card, Online Portal].

Failure to settle this debt by the aforementioned date will result in this account being transferred to a third-party collection agency or our legal department. We reserve the right to pursue all available legal remedies, which may include filing a lawsuit to recover the principal amount, accrued interest, court costs, and legal fees.

If you have already sent payment or believe this is in error, please contact our billing department immediately at [Phone Number].

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Title/Position]