

[Attorney Law Firm Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

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

RE: NOTICE OF REPRESENTATION AND DEMAND FOR PAYMENT

Creditor: [Clinic Name]
Account Number: [Account Number]
Total Amount Due: \$[Amount]

Dear [Debtor Name],

Please be advised that this law firm has been retained by [Clinic Name] to collect the outstanding balance on your account for medical services rendered on [Service Date(s)].

According to our client's records, your account is currently past due in the amount of \$[Amount]. Despite previous requests for payment from the clinic, this balance remains unpaid.

We demand that you remit the full balance of \$[Amount] to our office within [Number] days of the date of this letter. Checks should be made payable to "[Law Firm Name or Clinic Name]" and sent to the address listed above.

If you are unable to pay the balance in full, you must contact our office immediately at [Phone Number] to discuss a formal payment arrangement. Failure to respond or remit payment may result in our client authorizing further legal action to recover the debt, which may include the filing of a lawsuit, seeking a judgment, and the recovery of court costs and interest as permitted by law.

Unless you dispute the validity of this debt, or any portion thereof, within thirty (30) days after receipt of this notice, we will assume the debt to be valid.

Govern yourself accordingly.

Sincerely,

[Attorney Signature]

[Attorney Name]
[Law Firm Name]