

DATE: [Current Date]

FROM:

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

TO:

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

RE: NOTICE OF INTENT TO FILE LAWSUIT

Dear [Patient Name],

This letter serves as formal notice regarding your outstanding balance with [Clinic Name] for medical treatments provided on [Date of Treatment(s)].

As of this date, your account is past due in the amount of **[\$Total Amount Owed]**. Despite our previous attempts to contact you via [invoices/phone calls/letters] on [Dates of previous contact], we have not received payment or a proposal for a payment plan.

Please be advised that if the full amount is not paid by [Deadline Date, e.g., 10 days from now], we will have no choice but to initiate legal proceedings against you to recover the debt. This may result in a court judgment including the original balance, interest, court costs, and legal fees.

You can prevent legal action by taking one of the following steps before [Deadline Date]:

- Paying the full balance of **[\$Total Amount Owed]**.
- Contacting our billing office at [Phone Number] to establish a formal payment arrangement.

Please govern yourself accordingly.

Sincerely,

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