

[Date]

Patient Name: [Patient Full Name]

Account Number: [Account Number]

Balance Due: \$[Total Amount Due]

FINAL NOTICE PRIOR TO LEGAL ACTION

Dear [Patient Name],

This letter serves as formal notification that your account is now severely delinquent. Despite our previous attempts to resolve this matter, your balance of \$[Total Amount Due] remains unpaid.

Please be advised that this is your **final opportunity** to settle this debt directly with our office. If payment is not received in full or a formal payment plan is not established by **[Deadline Date]**, we will be forced to take the following actions:

- Transfer your account to a third-party debt collection agency.
- Report this delinquency to national credit reporting bureaus.
- Authorize legal counsel to initiate a lawsuit to recover the debt, including applicable interest and court costs.

To prevent further action, please submit your payment immediately via [Payment Method/Website] or call our billing department at [Phone Number] to discuss your options.

If you have already sent payment, please disregard this notice.

Sincerely,

[Sender Name/Title]

[Medical Practice Name]

[Phone Number]

[Email Address]