

[Clinic Name]  
[Clinic Address]  
[Phone Number]  
[Email Address]

[Date]

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

**RE: FINAL NOTICE PRIOR TO LEGAL ACTION**

Account Number: [Account Number]  
Outstanding Balance: \$[Amount Due]

Dear [Patient Name],

This letter serves as formal notification that your account with [Clinic Name] is now severely past due. Despite our previous attempts to resolve this matter through multiple invoices and reminders, your balance of \$[Amount Due] remains unpaid.

Please be advised that this is your final notice. If payment is not received in full by [Deadline Date], we will have no choice but to transfer your account to a third-party collection agency or initiate formal legal proceedings to recover the debt.

Taking legal action may result in additional costs for which you will be responsible, including court costs, filing fees, and statutory interest. This may also impact your credit rating.

To prevent this escalation, please remit payment immediately via one of the following methods:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: Please send a check or money order to the address listed above.

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship and wish to discuss a final settlement or payment plan, you must contact our billing department at [Phone Number] before the deadline mentioned above.

Sincerely,

[Name/Signature]  
Billing Department  
[Clinic Name]