

FINAL NOTICE PRIOR TO LEGAL ACTION

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

City, State, Zip: [City, State, Zip]

RE: UNSETTLED MEDICAL BILL FOR ACCOUNT #[Account Number]

Dear [Patient Name],

This letter serves as a formal final warning regarding your outstanding balance of \$[Amount Due] for medical services provided by [Clinic Name] on [Date of Service].

Despite our previous attempts to contact you via invoices and phone calls, your account remains unpaid. Your failure to settle this debt has left us with no choice but to escalate this matter.

Please be advised that if payment is not received in full by [Deadline Date - e.g., 7 days from today], we will initiate formal legal proceedings to recover the debt. This may result in:

- A lawsuit filed against you in a court of law.
- Report of your delinquency to major credit bureaus.
- Additional costs, including court fees, interest, and legal expenses.

To prevent legal prosecution, please remit payment immediately via [Payment Method: Online/Phone/In-Person]. If you are experiencing financial hardship, you must contact our billing department at [Phone Number] before the deadline to discuss a potential payment plan.

We urge you to give this matter your immediate attention to avoid the consequences of litigation.

Sincerely,

[Your Name/Name of Billing Manager]

[Clinic Name]

[Phone Number]

[Email Address]