

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

[Date]

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

RE: FINAL NOTICE BEFORE LEGAL ACTION - Account #[Account Number]

Dear [Patient Name],

This letter serves as formal notice regarding your outstanding balance of \$[Amount Owed] for medical services provided on [Service Date(s)].

Despite our previous attempts to resolve this matter through invoices and phone calls, your account remains unpaid. We have not received a payment or a valid proposal for a payment plan from you.

Please be advised that if the full payment of \$[Amount Owed] is not received by [Deadline Date, e.g., 14 days from today], we will have no choice but to initiate a formal claim against you in the [Name of County] Small Claims Court.

If legal proceedings are initiated, we will seek to recover:

- The original outstanding balance of \$[Amount Owed];
- All applicable court filing fees;
- Costs associated with the service of process;
- Interest as permitted by law.

You can avoid legal action by paying the full amount immediately. Payment can be made by [List Payment Methods: Credit Card/Check/Online Portal].

Please contact our billing department at [Phone Number] if you have any questions or to confirm that payment has been sent.

Sincerely,

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