

DATE: [Current Date]

PATIENT NAME: [Patient Full Name]

ACCOUNT NUMBER: [Account Number]

OUTSTANDING BALANCE: \$[Amount Due]

SUBJECT: FINAL NOTICE BEFORE LEGAL ACTION

Dear [Patient Name],

This letter serves as formal notification that your account with [Healthcare Facility Name] is now severely delinquent. Despite our previous attempts to resolve this matter through multiple invoices and reminders, we have not received the payment required to clear your balance of \$[Amount Due].

Please be advised that this is your **final notice**. If payment is not received in full, or a formal payment arrangement is not established by [Deadline Date - e.g., 10 days from today], your account will be escalated for legal debt recovery.

Transferring your account to our legal department or a third-party collection agency may result in the following:

- Reporting of this debt to national credit bureaus.
- Initiation of a civil lawsuit to recover the funds.
- Liability for additional court costs, attorney fees, and interest as permitted by law.

To prevent this escalation, please take one of the following actions immediately:

1. **Pay Online:** Visit [Website URL] and use your account number to pay via credit card or bank transfer.
2. **Pay by Phone:** Call our Billing Department at [Phone Number] to process a payment.
3. **Request a Payment Plan:** If you are experiencing financial hardship, contact us immediately to discuss a structured payment schedule.

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

Sincerely,

[Name/Signature]

[Title]

[Department Name]

[Healthcare Facility Name]

[Contact Phone Number]