

FINAL NOTICE PRIOR TO LEGAL ACTION

Date: [Current Date]

Patient Name: [Patient Name]

Account Number: [Account Number]

Total Balance Due: \$[Amount Due]

Dear [Responsible Party Name],

This letter serves as a final formal notice regarding your overdue balance at [Clinic Name] for services provided on [Date of Service]. Despite our previous attempts to resolve this matter, we have not received payment or a response from you.

Please be advised that this is your final opportunity to settle your account directly with our clinic. 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 legal proceedings to recover the debt.

Taking this step may negatively impact your credit rating and could result in additional costs, including interest and legal fees.

To avoid further action, please submit your payment immediately via:

- Online: [Website URL]
- Phone: [Phone Number]
- Mail: [Clinic Address]

If you have already sent your payment, please disregard this notice. If you are experiencing financial hardship, please contact our billing department immediately at [Phone Number] to discuss a potential payment plan.

Sincerely,

[Name/Department]

[Clinic Name]

[Phone Number]