

[Attorney Law Firm Name]  
[Street Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Debtor Name]  
[Debtor Street Address]  
[Debtor City, State, Zip Code]

**RE: NOTICE OF DELINQUENT ACCOUNT**

Creditor: [Medical Provider Name]  
Account Number: [Account Number]  
Total Amount Due: \$[Amount]

Dear [Debtor Name],

This office represents [Medical Provider Name] regarding your unpaid medical bill for services rendered on [Date of Service]. Our records indicate that despite previous billing statements, your account remains past due in the amount of \$[Amount].

This letter serves as a formal demand for payment. Please be advised that we have been instructed to pursue all legal avenues to collect this debt on behalf of our client.

To resolve this matter without further legal action, please remit the full balance of \$[Amount] to our office at the address listed above by [Due Date]. Checks should be made payable to [Law Firm Name or Medical Provider Name].

If you are unable to pay the full amount at this time, please contact our office immediately at [Phone Number] to discuss a potential payment arrangement.

If we do not receive payment or hear from you by [Due Date], we will advise our client to proceed with further collection activity, which may include filing a formal lawsuit against you.

This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

Sincerely,

[Attorney Name]  
[Law Firm Name]