

**DATE:** [Insert Date]

**TO:**

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**RE: FINAL NOTICE BEFORE LEGAL ACTION**

Dear [Patient Name],

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

Despite our previous attempts to resolve this matter through multiple invoices and reminders, our records indicate that your account remains delinquent. We have not received the requested payment, nor have you contacted us to establish a payment plan.

**Please be advised that if payment is not received in full by [Insert Deadline Date, e.g., 10 days from today], we will have no choice but to escalate this matter. This may include:**

- Referring your account to a third-party collection agency.
- Initiating formal litigation through the court system.
- Reporting the delinquency to national credit bureaus.

To prevent further action, please submit your payment immediately via [Insert Payment Method, e.g., online portal, check, or phone].

If you believe this is an error or if you wish to discuss a settlement, you must contact our billing department at [Insert Phone Number] before the deadline mentioned above.

We hope to resolve this matter amicably and immediately.

Sincerely,

[Your Name/Signature]

[Title/Department]

[Medical Practice Name]