

**Date:** [Current Date]

**Patient Name:** [Patient Full Name]

**Account Number:** [Account Number]

**Patient Address:** [Patient Address]

**Subject: NOTICE OF DEFAULT ON PAYMENT PLAN**

Dear [Patient Name],

This letter serves as formal notice that your account is currently in default. Our records indicate that we have not received your scheduled payment of \$[Amount Due] which was due on [Due Date] under the terms of your agreed-upon medical payment plan.

To bring your account back into good standing and avoid further collection actions, please submit the past-due amount of \$[Past Due Amount] by [Deadline Date].

**Payment Options:**

- Online: [Website URL]
- By Phone: [Phone Number]
- By Mail: [Mailing Address for Payments]

If you are experiencing financial hardship or believe this notice was sent in error, please contact our billing department immediately at [Phone Number] to discuss your account.

Failure to resolve this delinquency may result in the cancellation of your payment plan and the referral of your balance to an external collection agency.

Thank you for your prompt attention to this matter.

Sincerely,

[Name of Billing Representative]

[Medical Facility/Practice Name]

[Contact Phone Number]