

**DATE:** [Current Date]

**TO:**

[Debtor Name]

[Debtor Address]

[City, State, Zip Code]

**RE: NOTICE OF JUDGMENT EXECUTION**

**Creditor:** [Medical Facility/Doctor Name]

**Case Number:** [Court Case Number]

**Court:** [Name of Court]

**Judgment Date:** [Date Judgment was entered]

Dear [Debtor Name],

This letter serves as formal notice regarding the legal judgment entered against you on [Date] in the amount of \$[Original Judgment Amount] for unpaid medical services.

To date, our records indicate that you have failed to satisfy this obligation. As of today, the total balance due, including post-judgment interest and allowable legal costs, is **\$(Total Amount Due)**.

Please be advised that because a formal judgment has been entered, we are legally entitled to pursue various collection methods to satisfy this debt, which may include:

- Wage garnishment
- Bank account levies
- Seizure of non-exempt personal property
- Placement of liens on real estate

We prefer to resolve this matter voluntarily. To avoid further legal action, please remit the full payment to the address below by [Due Date].

**Payment Instructions:**

Make checks payable to: [Creditor Name]

Mail to: [Mailing Address for Payment]

If you are unable to pay the full amount immediately, contact our office at [Phone Number] no later than [Date] to discuss a formal payment arrangement.

Sincerely,

[Your Name/Authorized Signature]

[Title]

[Organization Name]