

URGENT: NOTICE OF INTENT TO INITIATE WAGE GARNISHMENT

Date: [Date]

[Debtor Name]

[Debtor Address]

[City, State, Zip Code]

Re: Outstanding Medical Debt for Account #[Account Number]

Dear [Debtor Name],

This letter serves as formal notification that your account regarding the medical services provided on [Service Date] is severely past due. Despite previous attempts to contact you, the balance of \$[Amount Owed] remains unpaid.

Please be advised that if we do not receive payment or a signed repayment agreement by [Deadline Date], we will begin the legal process to pursue wage garnishment. If a court order is granted, a portion of your weekly earnings will be legally withheld by your employer and paid directly to our office until the debt, including any applicable interest and legal fees, is satisfied in full.

To prevent this legal action, you must take one of the following steps immediately:

- Pay the full balance of \$[Amount Owed] via [Payment Method/Website].
- Contact our billing department at [Phone Number] to establish a formal monthly payment plan.

If you believe this debt is listed in error or has already been paid, please provide documentation to our office immediately.

Govern yourself accordingly.

Sincerely,

[Your Name/Representative Name]

[Department Name]

[Organization Name]

[Phone Number]