

[Date]

[Patient's First Name] [Patient's Last Name]
[Street Address]
[City], [State] [Zip code]

RE: FINAL NOTICE

Dear [Mr./Ms.] [Patient's Last Name]:

While we have already sent you several patient statements, our records indicate that your account balance of \$[Amount] remains outstanding.

We are pleased to have you as a patient of our practice; however, it is important that you promptly pay your outstanding balance. Please immediately remit payment in full or contact us to discuss a possible payment plan.

If our records are incorrect, we apologize for any inconvenience and ask that you immediately contact us to advise us of our error.

If we do not hear from you within thirty (30) days, we will assume that you neither dispute your balance, nor wish to pay the amount owed and we will be compelled to transfer your account to our [attorney] without any further notice.

Sincerely,

[Name of Office Contact Person]
Office Billing Department