

[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]:

Your insurance company indicates that you have directly received a check as reimbursement for the amount you owe our office for your visit, which occurred on or about [Date of Service].

**Even though you have received a direct payment from your insurance company, our records indicate that your account balance of \$[Amount] remains unpaid. Please immediately remit full payment in the amount of your outstanding balance.**

Thank you in advance for your prompt attention to this matter.

Sincerely,  
[Name of Office Contact Person]  
Office Collection Department