

Your letterhead (Sent via certified mail)

Date

Patient Name
Address
City

Dear XXXXXX,

Although every attempt has been made by our office to collect on your past due balance in the amount of _____, our records indicate that you have failed to uphold your payment plan agreement with our office. Our financial policy, which was provided to you and acknowledged by you with your signature, at the time that you became a patient in our practice, verifies our expectation of prompt payment of services. *[Attach copy. Note that all new patients should be presented with your financial policy at the initial registration outlining your expectations regarding payment and your dismissal policy.]*

At this time, your account has been turned over to a collection agency. They will be contacting you regarding your outstanding balance with our practice.

Furthermore, we now terminate the availability of our services to you. Although we will provide emergency services to you on a cash only basis for the next 30 days, you must arrange to have medical services elsewhere.

Sincerely,

Practice