



John Doe, D.D.S.

123 Oak Street, Suite 2 Anywhere, VA 20000
(555) 555-5555

Sample Final Notice Letter

Note: Ensure you enclose a Business Reply Envelope, QR code, or link with the patient that they can use to pay with this letter. If you have the ability for a patient to pay via a secure online portal, add this information. You can also give a patient the option to call and pay via credit card, etc.

Dear PATIENT NAME,

We have yet to hear back from you to resolve your past due balance of \$AMOUNT. This letter will serve as a final notice and demand for this outstanding debt.

Unless we receive payment by the 15th of (MONTH), we have no choice other than to forward your account to our (ATTORNEY/COLLECTION AGENCY, WHICHEVER YOU USE).

We would prefer not to do this. To avoid further collection action, we need you to do one of the following:

- Remit payment in full of \$AMOUNT by the 15th of (MONTH, YEAR).
- Call our office before the 15th to set up a payment agreement — partial payments would not be accepted unless arrangements are made with our office beforehand.

Please contact us at OFFICE NUMBER as soon as possible, to let us know what you intend to do.

If payment has already been sent, please disregard this notice.

Sincerely,

Office Manager

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