# FINAL EFFORT COLLECTION LETTER

Dear ,

We have tried repeatedly to work with you to clear your delinquent account. Your account balance is now days overdue. Your balance is still

$ . Please tell us what to do about your account.

( ) I have questions about my account. They are:

I will call your office on to discuss these questions.

(date)

( ) My check for payment in full, $ , is enclosed.

( ) I cannot pay in full now; however, my check for 25% of my balance, is enclosed. I will pay the balance in three equal monthly payments to be paid by the fifth day of each of the following three months.

( ) Place my account with a collection agency, lawyer, or other outside collector. (Failure to return this letter within 7 days will result in this action being taken.)

Patient Signature

Date

After sending you this letter, we are required by law to turn your account over to an outside collector unless you contact us to make satisfactory payment arrangements. We do not like to do this; however, we will abide by the choice you make. If you have any questions, please call our office at (919) 752-6188.

Thank you.

Sincerely,

Patient Accounts Coordinator