

(Specialty Practice Letterhead)

Sample Patient Collection Letter

**** FINAL OPPORTUNITY ****

Date

Account # :

Patient Name:

Guarantor Name

Address

City, State, Zip

Dear (Guarantor Name),

Your account balance of \$_____ with (Name of Practice) is seriously past due. Your account has been placed on hold and no further services will be provided until payment arrangements have been made. Please send your payment today or contact us immediately to avoid any disruption in receiving services.

Payments can be made by check or credit card. We accept Visa, Mastercard and Discover

() Credit Card

Name as it Appears on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Signature of Cardholder: _____

() Check or Money Order

Please include your account number on the check or money order.

Please return this letter with your payment immediately. If you have recently sent a payment or made payment arrangements please disregard this notice.

Sincerely,

Billing Manager