

(Specialty Practice Letterhead)

## Precollect Letter Sample

Name of Guarantor

Address

City State Zip

Date

Patient Account:

Dear (        ),

Our records indicate that your account with us is overdue. The total unpaid amount is \$\_\_\_\_\_.

If you have already forwarded your payment, please disregard this letter; otherwise, please forward your payment immediately. If you are not able to pay the balance in full I would be willing to set up a payment plan arrangement with you to resolve your balance.

Regular monthly payments are required to prevent a more advanced collection process from occurring. No response from you will prompt further action on your account.

In your registration process , you signed an agreement which states, "I understand that a collection agency may be employed after my account becomes 60 days past due" Additionally, other reasonable legal action may be taken if needed to secure payment. You have also agreed to pay for collection costs, which are (    )% of the balance due, attorney fees, as well as costs to release the information needed to collect on the past due bill. You may avoid this additional cost and action by resolving this matter today.

If you have any questions or concerns about your account, please contact us at (        ).

Sincerely,

Billing Manager