

INSERT DATE

PARENT/GUARDIAN NAME
ADDRESS
CITY, STATE ZIP

RE: ACCT # _____

Dear _____:

It has come to my attention that we have made several attempts to contact you by phone and mail about your outstanding account balance. If there has been a problem or you are unhappy with the care that your family has received, please contact me to discuss the situation. However, our attempts have gone unanswered; therefore, according to our office policy, **INSERT OUTCOME**.

IF OUTCOME IS OPPORTUNITY TO PAY—We are providing you with a final opportunity to pay your balance within the next **X** days. If the balance is unpaid by **INSERT DATE**, your account will be sent to **INSERT** for collections.

IF OUTCOME IS DISMISSAL—We will continue to provide care for your child(ren) for any emergent situations that may arise over the next 30 days, from the date of this letter. However, you should make arrangements to retain another physician to care for your child(ren) after those 30 days. Once you have identified a new pediatrician, please contact our office staff to request that your medical records be forwarded. If you need assistance locating a pediatrician, we can provide you with contact information for local pediatricians.

Please contact me at **(XXX) XXX-XXXX** if you have any questions or need to arrange a payment plan.

Sincerely,

Name
Title

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