

Sample Collection Letter 1

Dear _____:

As you are aware, you have a past due balance of \$ _____ with _____. To date we have not received payment, and have not heard from you regarding payment arrangements.

Please send payment or contact us within five days to avoid further collection action.

We want to help you fulfill your commitment without causing undue hardship, and are available to discuss payment arrangements. We have many payment options available, including credit card and monthly payment plans. We can be reached at _____ between 8:00am and 5:00pm daily.

Your prompt attention is appreciated.

Sincerely,

Reimbursement Specialist

cc: _____

Sample Collection Letter 2

Dear _____:

Your account with _____ is delinquent. Your balance is

\$ _____. We have contacted you repeatedly in an attempt to reach agreeable payment arrangements, however, you have not responded.

We expect payment in full within ten days.

If payment is not received, or you do not contact us, your account will be turned over to a collection agency for handling. Possible actions by the collection agency include credit reporting, and legal pursuit of payment.

As stated in our previous correspondence, we want to help you fulfill your commitment without undue hardship. If you are unable to send payment today, please contact our office to establish immediate payment arrangements. We can be reached at _____ between 8:00am and 5:00pm.

Your prompt attention to this matter is appreciated.

Sincerely,

Reimbursement Specialist

cc: _____

Sample Collection Letter 1 (dr to patient)

Dear _____:

You currently have a balance of \$ _____ with _____. Our policy requires that all balances be paid in full within thirty days of treatment. Please remit payment for the balance due on your account.

If you disagree with the payment made by your insurance carrier, please contact them directly to discuss those concerns. Your insurance contract is an agreement between you and the insurance company, and as the subscriber, you are responsible for the terms of that agreement.

We understand that many of our patients experience financial difficulties. If this is the case, please let us know so we can assist you in making budget payment arrangements. If you would like to discuss your account, please do not hesitate to contact us at _____ - __, between 8:00am and 5:00pm daily.

We look forward to receiving your payment or response within ten days of this letter. Your prompt attention is appreciated.

Sincerely,

Reimbursement Specialist

cc: _____