

# Collection Letter to Patient

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YOUR PRACTICE NAME (on practice letterhead)

Date, 20\_\_\_\_\_

Dear \_\_\_\_\_ (patient):

The intent of this letter is to notify you that the balance on your account is overdue and you have failed to meet our agreed upon financial arrangement to pay for dental services rendered on \_\_\_\_\_. Prior to treatment, you signed a pretreatment estimate agreeing to pay your estimated portion of the treatment. All insurance benefits have been received and the remaining balance owed is now overdue.

As of the date of this letter, our records indicate a remaining past due balance of \$ \_\_\_\_\_. This amount has been in a past due status since \_\_\_\_\_.

Please make payment in full or contact us to discuss a resolution. If your payment is already on its way, we thank you and ask that you please disregard this notice.

If we do not receive a response from you within 10 business days from the date of this letter your account may be placed with a collection agency. If your account is placed with a collection agency, you may incur expenses in addition to the principal amount owed.

Sincerely,

Hayley Hall

Financial Coordinator

This is an attempt to collect a debt; any information obtained may be used for this purpose.