SAMPLE REMINDER LETTER

Date:
John Doe Address City, State, Zip Code
Dear Mr. Doe,
This letter is to remind you of your outstanding balance in the amount of \$ Please remit this balance within ten (10) days or contact our office at to advise us when we can expect to receive your payment or if you would like to make other financial arrangements with us.
As a courtesy to our patients, we do accept MASTER CARD AND VISA. If you choose to pay your balance with this option, simply complete the form at the bottom, sign and return this letter to our office.
If you have already mailed your payment, please accept our thanks and apologies for any inconvenience this may have caused.
Sincerely,
Patient Account Coordinator
☐ MASTER CARD ☐ VISA
Card # Expiration Date
Cardholder's Signature Date
Cardholder's NameAmount \$

SAMPLE COLLECTION LETTER

Date:	
John Doe Street Address City, State, Zip Code	
Dear Mr. Doe,	
On (date reminder letter sent), I informed you of your outstanding balance. To date, I have not received payment for this balance nor have you contacted me to discuss your account.	
Please contact our office as soon as possible so we do not have to continue further collection efforts. I hope you will act promptly by forwarding to us your payment in full immediately or by contacting me to discuss other financial arrangements.	
My phone number is	
I look forward to resolving this matter soon.	
Sincerely,	
Patient Account Coordinator	

SAMPLE PATIENT AGREEMENT

PATIENT NAME	ACCOUNT #	
In consideration of an extension of credit granted to (name), as a patient of (physician), agrees to pay the sum of \$ per month to be applied toward the outstanding balance of \$		
This amount is due on the and will continue until f	of each month, beginning (date) inal payment is made on (date)	
I understand if I fail to make these so turned over to an outside collection a	heduled payments, my account will be gency.	
SIGNATURE	DATE	
PRINT NAME		
WITNESS	DATE	
		
RELATIONSHIP TO PATIENT		