

Collection Letter I (enclosed with second statement)

Dear _____,

This is a reminder of the past-due balance on your account for (patient name, if different from account guarantor) in the amount of \$_____. At the present time, your balance is ____ (days) overdue. We will appreciate payment in full immediately.

If you have any questions about your account, please call the office. We want to help.

Sincerely,

Patient Accounts Coordinator

Collection Letter II (enclosed with third statement)

Dear _____,

We have not received your payment on this past-due account. We are always glad to work with you to establish a payment schedule, but full payment is required. If the account is not paid by ____(date)____, further collection proceedings will have to be taken.

Please make payment immediately so that we can avoid involvement of a collection agency. Call our office if you have questions about your account.

Sincerely,

Patient Accounts Coordinator

Collection Letter III (mailed 10 days following third statement if there has been no response from patient)

Dear _____,

We have tried unsuccessfully for over three months to collect this delinquent account. Every allowance has been made to facilitate even partial payment from you, and you have failed to call or respond in any way.

(Note: Omit the last phrase if the guarantor has made any response.)

To protect your credit rating, I urge you to send full payment in the amount of \$_____ by _____ (date) _____. If payment is not received by this date, we can no longer carry the account on our accounts receivable, and we will be forced to proceed with outside collection action. We hope to avoid this step. Please mail your payment promptly.

Sincerely,

Patient Accounts Coordinator

Final Effort Collection Letter

Dear _____,

We have tried repeatedly to work with you to clear your delinquent account. Your account balance of \$_____ is now _____ days overdue. Please tell us what to do about your account.

() I have questions about my account. They are:

I will call your office on _____ to discuss these questions.

() My check for payment in full, \$ _____, is enclosed.

() I cannot pay in full now; however, my check for 25% of my balance, is enclosed. I will pay the balance in three equal monthly payments to be paid by the fifth day of each of the following three months.

(_____ 5th, _____ 5th, _____ 5th)

() Place my account with a collection agency, lawyer, or other outside collector. (Failure to return this letter within 7 days will result in this action being taken.)

Patient Signature

Date

After sending you this letter, we are required by law to turn your account over to an outside collector unless you contact us to make satisfactory payment arrangements. We do not like to do this; however, we will abide by the choice you make. If you have any questions, please call our office at (919) 752-6188.

Thank you.

Sincerely,

Patient Accounts Coordinator

Letter to Inform Patient Sent for Collections that Chart is Being Made Inactive

Dear _____,

Because your balance of \$ _____ is _____ months overdue and you have been unwilling to arrange payment; we are forwarding the balance of your account, \$ _____, for outside collection activity and inactivating your chart.

By these actions, we are terminating our status as your dentist. We will provide emergency care should you need it within thirty days from the date of this letter. Your treatment was complete at the time of your last appointment. You will need regular examinations and cleanings to maintain this healthy status. (Or describe the treatment still to be completed or the appliance or prosthetic device which must be examined regularly and/or removed when treatment is complete.)

We will assume you are seeking dental care elsewhere unless you contact our office by (30 days from date patient will probably receive letter.) We, therefore, are free from responsibility for your further dental needs.

Sincerely,

Mail to patient at the last known address by certified mail, return receipt requested.
Keep a copy of this letter in the patient's chart. If the letter is returned, non-deliverable, send a duplicate letter to the same address through regular mail and note in the patient's chart the date letter was mailed.

Before mailing, the practice attorney should review this letter or any similar ones terminating the doctor-patient relationship.