

Collection Letters

An inventory of collection letters avoids having to rewrite letters for each billing cycle.

Collection Letter I (enclosed with second statement)

Dear _____,

This is a reminder of the past-due balance on your account for _____
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, but payment must be made. If the account is not paid by _____(date)_____, further collection proceedings will have to be taken.

Please make payment immediately. 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.

In order 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 books, and we will be forced to proceed with further 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 is now _____ days overdue. Your balance is still \$_____. 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.
(date)

() 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.

() 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 _____'s chart.

By these actions, we are terminating our status as _____'s dentist. We will provide emergency care should he/she need it within thirty days from the date of this letter. _____'s treatment was complete at the time of his/her last appointment. He/she will need regular examinations and cleanings in order to maintain this healthy status. (Or you need (describe treatment or observation needed; for example, you have incomplete treatment or you are wearing an appliance or prosthetic device.) Please be aware that the treatment should be completed and/or the device should be examined regularly.)

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 _____'s 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.