central indiana podiatry, pc

Non Payment Notice

Certified Mail # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient Name

Street Address

City, ST ZIP Code

Date

Dear Recipient,

It has come to my attention that you have received several letters regarding your outstanding account. If there has been a problem or if you are unhappy with the care that you received in this practice, please contact me to discuss the situation. You are important to us, and I hope we can resolve any issues you may have.

My Medical Billing Specialist is also available to discuss payment of your account or to implement payment arrangements if they are needed. Should we not hear from you within 30 days, I believe it would be mutually beneficial to terminate the physician/patient relationship so that you may locate to a new physician.

I hope that we will hear from you soon.

Sincerely,

Physician