COLLECTION LETTER

Date

XXX,

This letter is to serve as a reminder of payment past due (totaling $XXX) for therapeutic services rendered from XXX (dates of service). As the signed treatment contract states, clients are held financially responsible for payment of a therapy session once an appointment is scheduled (i.e., reserved) unless at least 24 hours advance notice of cancellation was provided.

If the balance of the account is unpaid 60 days after the scheduled appointment(s) -- and arrangements for payment have not been agreed upon – YOUR NAME has the option of using legal means to secure the payment. This may involve hiring a collection agency or filing a lawsuit. If such legal action is necessary, its costs will be included in the claim. In most collection situations, the only information released regarding a client’s treatment is his/her name, the nature and dates of services provided, and the amount due. Please submit payment prior to XXX to avoid such further action.

If mailing your payment, please send to the following address (do not mail cash):

Attn:

YOUR NAME/PRACTICE NAME

PRACTICE ADDRESS

CITY, STATE, ZIP CODE

Respectfully,

**YOUR NAME, SIGNATURE, CREDENTIALS**

*YOUR TITLE*