Sample Recall Letter

«Prac_Name»
«Prac_Add1»
«Prac_CityStateZip»

«Today»

Dear «Pat_FullName»,

Our records indicate that you are due for an appointment for «Recall_Plan_Name» on «Expected_Return_Date».

Your medical well-being is important to us. Please call our office at «Prac_Phone» to schedule this appointment.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Appointment Reminder Letter

«Prac_Name»
«Prac_Add1»
«Prac_CityStZip»

«Today»

Dear «Pat_FullName»,

This is a reminder that your appointment is scheduled on «Appt_Date» at «Appt_Time» for a(n) «Event_name».

If you cannot make this appointment, please call our office at «Prac_Phone» at least **24 hours prior** to this appointment. We would be happy to reschedule your appointment for a more convenient time.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Encounter Letter: ***No Insurance Payment***

«Prac_Name»
«Prac_Add1»
«Prac_CityStZip»

«Today»

Dear «Guar_Name»,

This is to inform you that we have submitted a claim to your insurance carrier for medical services rendered on date of service «Visit_Date». At this time we have not received payment from your insurance. We are, therefore, requesting that you call your insurance carrier and/or employee benefits department to determine the reason for the delay.

We would appreciate a prompt response from you by contact with our billing office at «Prac_Phone», between the hours of 8:00am and 4:30 pm or in the form of a payment. Please make your check payable to «Prac_Name».

We will review your account again in 14 days. If we have not received payment or if we have not been contacted by you or your insurance company, we will bill you directly for the charges. As you know, payment is ultimately the responsibility of the patient or patient's guarantor.

Thank you in advance for your cooperation regarding this matter.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Encounter Letter: ***Final Payment from Insurance***

«Today»

Dear «Pat_Name» or «Guar_Name»,

We have received final payment from your insurance carrier for medical services rendered. The outstanding balance on your account is «PatBal». Total payment of this balance is requested within two weeks. Please refer to your insurance Explanation of Benefits for additional information as to the reason for your responsibility. Please make your check payable to «Prac_Name».

If you are unable to make full payment at this time, please call our Billing Office to discuss a mutually acceptable payment arrangement, at «Prac_Phone».

Thank you for your cooperation regarding this matter.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Encounter Letter: ***Balance Transferred to Patient EOB Reason***

«Today»

Dear «Pat_Name» or «Guar_Name»,

We have received notice from your insurance company that the balance of «PatBal» is your responsibility for the following reasons:

___ Applied to Deductible

___Copay Amount

___ Patient portion (% based)

___Non Covered services, or not a benefit, per contract

___Coverage terminated or not in force as of visit date

___Other: _____

Please refer to your Explanation of Benefits for additional information as to the reason for your responsibility. Please contact your insurance company or employee benefits department for questions regarding this. As you know, payment is ultimately the responsibility of the patient or the patient's guarantor.

Please make your check payable to «Prac_Name». If you are unable to make full payment at this time, please contact our billing office at «Prac_Phone» to discuss a mutually acceptable payment arrangement.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Encounter Letter: ***Insurance Requests Claim Form***

«Today»

Dear «Pat_Name» or «Guar_Name»,

We have received word from your insurance company that a completed claim for has been requested from you in order to process your claim, for date of service «Visit_Date». Please call your insurance company to resolve this matter.

We will review your account again in 14 days. If we have not received payment or have not been contacted by you or your insurance company, we will bill you directly for the charges. As you know, payment is ultimately the responsibility of the patient or the patient's guarantor.

Thank you in advance for your cooperation regarding this matter.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Encounter Letter: ***Insurance Requests Accident Information***

«Today»

Dear «Pat_Name» or «Guar_Name»,

We have received word from your insurance carrier that complete accident details have been requested from you in order to process your claim, for date of service «Visit_Date». Please call your insurance company to resolve this matter.

We will review your account again in 14 days. If we have not received payment or have not been contacted by you or your insurance company, we will bill you directly for the charges. As you know, payment is ultimately the responsibility of the patient or the patient's guarantor.

Thank you in advance for your cooperation regarding this matter.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Encounter Letter: ***Insurance Requests Coordination of Benefits***

«Today»

Dear «Pat_Name» or «Guar_Name»,

We have received word from your insurance company requesting Coordination of Benefits from your primary insurance carrier. You must contact them directly to supply the requested information in order to process your claim, for date of service «Visit_Date».

We will review your account again in 14 days. If we have not received payment or have not been contacted by you or your insurance company, we will bill you directly for the charges. As you know, payment is ultimately the responsibility of the patient or the patient's guarantor.

Thank you in advance for your cooperation regarding this matter.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Encounter Letter: ***No Insurance Listed or Self Pay***

«Today»

Regarding: «Pat_Name»
Date of Service: «Visit_Date»

Dear «Pat_Name» or «Guar_Name»,

Our records indicate that there is no insurance to cover the above visit with «Attending» at «Prac_Name».

If our records are accurate, total payment for the amount of «PatBal» is expected within two weeks. If you are unable to pay within that time frame, or if you are unable to pay the amount in full, please contact our Billing office at «Prac_Phone» to discuss a mutually acceptable payment arrangement. Please make your check payable to «Prac_Name» and mail with the above coupon to the address above.

If our records are inaccurate, please contact our Billing Office with your complete insurance information, including policy numbers, group numbers and claims address. An insurance claim will then be filed on your behalf.

We will review your account again in 14 days. If we have not received payment or have not been contacted by you with insurance information, we could begin collection proceedings. As you know, payment is ultimately the responsibility of the patient or patient's guarantor.

Thank you in advance for your cooperation in this matter.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Account Letter: ***Past Due Balance***

«Today»

Dear «Guar_Name»,

Your account is now past due. We have sent several statements to you reflecting your amount due.

We would appreciate payment of the outstanding balance of «Pat_Bal» within two weeks. Please make your check payable to «Prac_Name». We also accept credit card payments, as indicated above.

Your account will be reviewed again at that time. If we have not received payment or have not been contacted by you to make arrangements, we could begin collection proceedings. You may reach the Billing Office at «Prac_Phone» between the hours of 8:00am and 4:30pm.

Thank you for your cooperation regarding this matter.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Account Letter: ***30 Day Pre-Collect***

«Today»

Dear «Guar_Name»,

Your account is 30 days past due. It has been referred to the pre-collection department in an attempt to resolve your balance.

The physicians of «Prac_Name» have been notified as to the status of your account. They have recommended that we attempt to collect your past due amount before placing your account with a collection agency.

Your payment due in the amount of «Pat_Bal» is due within two weeks. Please contact our billing office at «Prac_Phone» if you are unable to pay this amount in full.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Account Letter: ***60 Day Pre-Collect***

«Today»

Dear «Guar_Name»,

Your account is 60 days past due. It has been referred to the pre-collection department in a final attempt to resolve your balance.

The physicians of «Prac_Name» have been notified as to the status of your account. They recommended one last attempt to collect your past due amount, before placing your account with a collection agency. To avoid this action and jeopardizing your credit rating, it would be in your best interest to resolve this matter.

Your payment in the amount of «Pat_Bal» must be mailed to the above address within 10 days to avoid collection proceedings. Please contact our billing office at «Prac_Phone» to make payment arrangements if you are unable to pay this amount in full.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Account Letter: ***Final Letter before Collections***

«Today»

Dear «Guar_Name»,

Your account is seriously past due. We have tried to contact you previously by phone and mail.

Please resolve this matter by doing one of the following within 5 days:

1. Mail the balance due of «Pat_Bal» to the above address.
2. Contact us directly at «Prac_Phone» to make payment arrangements.

The staff and physicians of «Prac_Name» request that you fulfill your financial responsibility with reference to this account immediately. Without payment or contact, our office will be forced to start collection proceedings.

If payment has already been sent, please accept our thanks and disregard this letter.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Encounter / Account Letter: ***Pre Collection Texas Law***

Dear «Guar_Name»,

This is an attempt to collect a past due amount.

As of «Today», we have not received payment from you for the above stated charges.

We require payment upon receipt of this letter.

Please check your records. If you have already sent your payment, please disregard this notice and accept our thanks. If you have overlooked your payment, please send the amount due promptly or contact our office at «Prac_Phone» to make payment arrangements.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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Sample Demand Encounter / Account Letter: ***Second Notice Texas Law***

SECOND NOTICE

Dear «Pat_Name» or «Guar_Name»,

I regret the necessity of reminding you again of your past due charges.

If there is a problem with the statement charges or if you are having difficulty making the payment, please call us at «Prac_Phone» and we will work out a solution. We value you as a patient.

Without your call, we will expect you to immediately send the amount due to our office. This will avoid our considering your account for final collection procedures.

Sincerely,

The Staff and Physicians at
«Prac_Name»

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