

OUTGOING ENVELOPE RETURN ADDRESS HERE		GROUP NAME OR BILLING OFFICE	BALANCE DUE	DATE OF THIS SERVICE
ACCOUNT NUMBER	NAME	PLACE OF SERVICE		

OFFICE COPY

**REPLY ENVELOPE
ADDRESS HERE**

**OUTGOING ENVELOPE
ADDRESS HERE**

COLLECTION MANAGER ►

BALANCE DUE		DATE OF THIS NOTICE
ACCOUNT NUMBER	NAME	PLACE OF SERVICE

THE BALANCE DUE ON YOUR ACCOUNT IS DELINQUENT

PLEASE RETURN THIS LETTER WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE OR CALL OUR COLLECTION MANAGER TO DISCUSS THIS SITUATION.

REMINDER: You are responsible for payment regardless of insurance coverage.

FAILURE TO SEND YOUR PAYMENT OR NOTIFY US OF YOUR INTENTIONS WILL FORCE US TO CONSIDER TURNING YOUR ACCOUNT OVER TO A COLLECTION AGENCY.

Collection Manager

DM-026 • 6 Parts •
 10" x 5 1/2" • National
 Medical Delinquent
 Notice • Carbonless,
 Zip-Style Construction •
 Shows Urgency of
 Payment Due • Account
 Number Transfer to
 Return Envelope • Red/
 Blue Inks • Reference
 HC2-605,H2522

DM-035 • 6 Parts •
 10" x 5 1/2" • National
 Medical - Demand for
 Payment with Options •
 Zip-style Construction •
 Two-Way •
 Reference HC2-604 •
 Red/Black Inks

BALANCE DUE		DATE OF THIS NOTICE
ACCOUNT NUMBER	NAME	PLACE OF SERVICE

**YOUR ACCOUNT HAS A BALANCE DUE THAT IS DELINQUENT.
IS THERE A REASON WHY THIS ACCOUNT HAS NOT BEEN PAID?**

PLEASE CALL OUR COLLECTION MANAGER TO DISCUSS THIS SITUATION

INDICATE YOUR CHOICE BELOW AND RETURN THIS LETTER WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE

PAYMENT IN FULL IS ENCLOSED
PLEASE WRITE YOUR ACCOUNT NO.
ON YOUR CHECK

I WILL MAKE MONTHLY PAYMENTS OF
\$ _____ UNTIL THE ACCOUNT IS PAID IN FULL
THE FIRST MONTHLY PAYMENT IS ENCLOSED.

FAILURE TO NOTIFY US OF YOUR INTENTIONS WILL FORCE US TO CONSIDER TURNING THE ACCOUNT OVER TO OUR COLLECTION AGENCY.

COLLECTION MANAGER ►