LETTER TO PATIENT (NSF check)

Date

Patient
Address

Dear

I regret having to write this letter; however, since you have not returned my phone calls this was the only way I had of reaching you.

Your check number _____ for $_____ written on _____ was returned from the bank for non-sufficient funds. It is now necessary that this check be replaced with cash, money order, or with valid charge card information within 10 days from the date of this letter.

The balance due including the returned check fee is $_____.

Please call if you have any questions or if I can help you make arrangements for payment of this debt. If we have not heard from you by _____, this account will be released to a collection agency for further action, not excluding criminal prosecution.

Sincerely,

Practice Manager