YOUR COMPANY NAME
Provider of Healthcare Personnel
Your Address
Your Phone number and email address
www.companywebsite.com

DEMAND FOR PAYMENT

Date:

To:

Dear

We have tried several times to resolve the problem of your past due account, but the problem continues. Your account remains seriously overdue in the amount of $_____ This is your final notice. Unless we have your check for _____dollars ($0.00) within ten (10) days, we shall immediately turn your account over to our attorneys for collection.

We believe you'll agree that immediate payment is in your own best interest as it will save you added interest and court costs, and help preserve your credit rating.

Very truly yours,

_____