

Your Letterhead/Logo Goes Here

**NOTE: All highlighted sections are to be edited by the practice to suit its own values & needs. In fact, any of the letter can be edited as you see fit. Bold printed text should be removed. It is provided only as an explanatory note to you, the practice. I only request that you not provide this to any other practice.**

Date

Dear [Merge Patient Names from Software],

As healthcare costs continue to rise, we at [Practice Name] are sensitive to the needs of our patients as it relates to their oral healthcare *and their finances*. We have researched options and put together a plan which can help you settle your outstanding balance of [\$Amount].

Our new process for recovering past due accounts offers several convenient ways for you to settle your balance for the service we have provided. These options also help us to operate more efficiently to keep our costs and treatment fees under control. **XXXX NOTE TO THE PRACTICE: If you already have a late-fee in place on paperwork that patients sign, you may not need the remainder of this paragraph. XXXX** As a first step, we are contacting those patients who have an outstanding balance that is 60 days or more past due. On [insert date here] we will begin implementing a \$12 per month carrying charge on these accounts.

We are excited to offer you the following options:

1) A 10% one-time reduction in your account balance if paid in full by [no later than: 2-3 weeks max] when paid by cash/check or a 7% one-time reduction if paid by credit or debit card.

2) A written agreement to divide your payments in up to 12 equal payments automatically deducted from your checking account on a monthly date that you select. This will be administered by a select third party partner who will collect a \$3.00 monthly convenience fee until your account is settled. **XXX NOTE TO THE PRACTICE: This 3<sup>rd</sup> party solution, DocPay, is free to the practice, initially and always. XXX**

3) **XXXX NOTE TO THE PRACTICE: You may delete this paragraph altogether if you do not accept CareCredit XXXXX.** A credit-based no-interest financing plan for which you may qualify of up to 12 months. (NOTE: In the event that the due date for any payment is missed, CareCredit will apply a pre-agreed interest amount to the account in full).

I have asked one of my assistants to call you soon to see which option will work best for you. We want to help you get things back on track and avoid the need to pursue more intense collection efforts. **XXXX NOTE TO PRACTICE: This is the MaxCollect product by MoneyQuest which Cartin Coaching can provide at \$50 off the one-time \$495 fee (200% money back guarantee). XXX** In the meantime, if you have any questions or if there is any way we can help you, please do not hesitate to call us. My team and I stand ready to help you in any way possible. We hope to be your dentist of choice for a long time to come.

Sincerely,

Dr. Bett R. Collections, DMD