

PAST DUE NOTICE

Date:

To:

Re:

Our records show that we have not received a response from you on the request for payment dated ___/___, 20___.

A late fee of \$_____ has been added to your balance and an additional Collection Services Fee will be assessed if payment is not received by ___/___/20___.

Total Balance Owing \$_____

Make your payment by one of three ways:

Pay by Phone: Call 1.800._____. Have your credit card ready.

Send Credit Card info: Name on Card _____

Card # _____

Exp. Date ___/___

Signature _____

Send Check: Check # _____

Immediate payment is in your best interest, as it will save you added costs that will be incurred once your account is turned over to a collection agency. Such action may damage your credit rating.

To avoid additional fees we must receive payment by ___/___/20___.

Account Representative

Date

****Make checks payable:** IndeFree Association, PO Box 79396, Corona, CA 92877, (800) 801-4511**

P.S. If your insurance has not paid their portions of the claims, it would be in your best interest to follow up and call them to make sure their payment is being processed. All outstanding amounts, whether or not paid by insurance, is your responsibility. Call us at our office if you have any more questions. Thank you.