d

Click or tap to enter a date.

Address 1

Address 2

City, State, Zip

**NOTICE: ACCOUNT PAST DUE**

Dear Payer Name,

Enclosed is the most recent Recover Care invoice detailing charges for completed services. As described in the agreed upon Service Plan, all payments are due 14 days from the invoice date. Our records indicate we have not received payment, and the account for (client name) Is now past due, with a current outstanding balance of **$XX.**

If you have not done so already, we ask you to please send payment now in order to bring this account up to date. As a reminder, for your convenience Recover Care accepts recurring debit transactions from your bank account (ACH), or Visa, MasterCard, Discover and American Express. If you’d like to sign up to use one of these payment options, or if you’d like to make a payment over the phone, please contact me at the phone number listed below.

Payments can be mailed to:

Attn: Recover Care

5900 Green Oak Drive

Suite 200

Minnetonka, MN 55343

Thank you for allowing us to be a part of your care and thank you for your prompt attention to this request.

Click or tap here to enter text.

Administrator, Recover Care

(XXX) XXX-XXXX