d

Click or tap to enter a date.

Address 1

Address 2

City, State, Zip

**NOTICE: ACCOUNT PAST DUE**

Dear Payer Name,

This is our second notice regarding the delinquent account balance for Recover Care services provided for (client name) totaling **$XX.** You will find a copy of the latest invoice enclosed.In our letter sent **XX/XX/XXXX**, we reiterated the billing requirements acknowledged in the signed Service Plan indicating all payments are due 14 days from the invoice date. Your account is now 35 days past due.

As stated in our Service Plan, Recover Care reserves the right to terminate services when the Client does not meet payment obligations. While it is not our desire to do so, we must let you know that if we do not receive payment for **$XX** by **XX/XX/XXXX (day 45),** we will be forced to terminate services.

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.

If your intent is to continue services with Recover Care, which we hope it is, please send in a payment today.

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,

Linda Engdahl

Chief Operations Officer, Recover Care

(612) 249-7758