

Debt Settlement Proposal for Medical Bills

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Medical Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to propose a settlement for my outstanding medical bills totaling [insert total amount]. Due to [briefly explain your financial hardship, e.g., job loss, illness], I am unable to pay the full amount owed.

After careful consideration of my current financial situation, I would like to offer a one-time payment of [insert proposed amount] to settle my account. I believe this is a fair and reasonable offer, considering my circumstances.

I hope to resolve this matter amicably and promptly. Please let me know if you find it acceptable or if we can discuss alternative arrangements. Thank you for your consideration.

Sincerely,

[Your Name]