

# Medical Bill Settlement Request

Date: [Insert Date]

To:

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a settlement regarding my medical bill dated [Insert Date of Service], with the account number [Insert Account Number]. Due to [brief explanation of circumstances, e.g., financial hardship], I am unable to pay the full amount owed.

The total amount billed is [Insert Total Amount], and I would like to propose a settlement amount of [Insert Proposed Settlement Amount]. I believe this amount is both fair and manageable for my current situation.

I appreciate your understanding and consideration of my request. I would be grateful if we could come to an agreement regarding this matter. Please feel free to contact me at [Insert Your Phone Number] or [Insert Your Email Address] if you have any questions or would like to discuss this further.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]