

Medical Debt Negotiation Proposal

Date: [Insert Date]

To: [Medical Provider's Name]

[Medical Provider's Address Line 1]

[Medical Provider's Address Line 2]

[City, State, Zip Code]

Dear [Medical Provider's Name],

I am writing to discuss my outstanding medical debt with your facility, account number [Account Number]. Due to [brief explanation of financial hardship, e.g., loss of job, medical issues, etc.], I am currently unable to pay the full amount owed.

I propose a negotiation to settle my outstanding balance. I would like to offer [amount you can afford to pay] as a lump sum payment, or suggest a payment plan of [number of payments] installments of [payment amount] each, if a lump sum is not acceptable.

I appreciate the care I received at [Name of Medical Facility] and hope to resolve this matter amicably. I kindly request that you review my proposal and let me know if we can come to an agreement.

Thank you for your consideration. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address Line 1]

[Your Address Line 2]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]