

# Medical Debt Resolution Offer

Date: [Insert Date]

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]

[Recipient's Name]  
[Recipient's Title]  
[Medical Provider's Name]  
[Provider's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to discuss my outstanding medical debt with [Medical Provider's Name] associated with account number [Account Number]. Due to unforeseen circumstances, I am currently facing financial difficulties that have made it challenging to settle this account in full.

In light of my situation, I would like to propose a settlement offer to resolve this debt. I am able to make a one-time payment of [Offer Amount] if accepted by [Offer Expiration Date]. This amount represents my earnest effort to resolve the account, and I believe it is a fair offer given my current financial situation.

I hope to come to a mutual agreement that will benefit both parties and bring closure to this matter. Please let me know if you accept this offer or if there is a possibility to discuss other payment arrangements. I can be reached at [Your Phone Number] or [Your Email Address].

Thank you for considering my offer. I look forward to your prompt response.

Sincerely,  
[Your Name]