

Payment Settlement Agreement

Date: [Insert Date]

To,

[Medical Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Subject: Payment Settlement Agreement for Medical Bills

Dear [Provider's Name],

This letter serves as a formal agreement between myself, [Your Name], and [Provider's Name] concerning the payment settlement of medical bills incurred on [Date of Treatment/Service]. The outstanding amount is \$[Outstanding Amount].

We have agreed upon the following terms for the settlement:

- Total Amount Due: \$[Total Amount]
- Payment Plan: I will make payments of \$[Amount] per month.
- First Payment Due Date: [Date]
- Final Payment Due Date: [Date]

By signing below, both parties agree to the terms outlined in this settlement agreement.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Contact Number]

[Signature of Provider]

[Signature of Patient]