

Confirmation of Medical Debt Payment Agreement

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to confirm the payment agreement for your medical debt as discussed. Below are the details of the arrangement:

Total Amount Due: \$[Insert Amount]

Payment Plan:

- Initial Payment Due: \$[Insert Initial Payment] on [Insert Due Date]
- Subsequent Payments: \$[Insert Amount] each, due on [Insert Payment Schedule]
- Final Payment Due: \$[Insert Final Payment] on [Insert Final Due Date]

By signing this agreement, you acknowledge and agree to the payment plan outlined above. Please sign and return this letter by [Insert Return Date].

Thank you for your cooperation. Should you have any questions, feel free to contact us at [Insert Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]

[Your Organization's Address]

[City, State, Zip Code]

Signature: _____

Date: _____