

# Medical Debt Settlement Proposal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Creditor's Name]

[Creditor's Address]

[City, State, Zip Code]

Dear [Creditor's Name],

I am writing to propose a settlement regarding my medical debt account number [Account Number]. Due to unforeseen circumstances, I am currently facing financial hardship that limits my ability to pay my debt in full.

After reviewing my finances, I would like to offer a settlement amount of [Insert Proposed Amount] as full payment of my account. I believe this amount is reasonable given my current financial situation. I hope that we can reach an agreement that is mutually beneficial.

I appreciate your consideration of my proposal. I look forward to your response and hope to resolve this matter amicably.

Thank you for your time.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]