

# Mutual Debt Resolution Agreement

Date: [Insert Date]

Between:

[Debtor's Name]  
[Debtor's Address]  
[City, State, Zip Code]

And:

[Creditor's Name]  
[Creditor's Address]  
[City, State, Zip Code]

## Agreement Summary

This Mutual Debt Resolution Agreement ("Agreement") is entered into by and between the above-mentioned Debtor and Creditor regarding the medical bills dated [Insert Date of Bills] owed by the Debtor to the Creditor.

## Terms of Agreement

1. The total amount owed is \$[Insert Amount].
2. The Debtor agrees to pay the Creditor a reduced amount of \$[Insert Reduced Amount] by [Insert Payment Due Date].
3. Payment will be made in the following manner: [Insert Payment Method].
4. Upon receipt of the full payment, the Creditor agrees to consider the debt satisfied and will provide a written confirmation.

## Other Provisions

This Agreement constitutes the entire understanding between the parties and supersedes all prior communications, whether oral or written. This Agreement may only be amended in writing, signed by both parties.

## Signatures

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[Debtor's Name], Debtor

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[Creditor's Name], Creditor

Date: \_\_\_\_\_