

Debt Release Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Subject: Confirmation of Debt Release for Medical Bills

Dear [Recipient Name],

We are pleased to inform you that the outstanding balance of [Insert Amount] for the medical bills dated [Insert Date(s)] has been fully paid and is now considered settled. This letter serves as confirmation that the debt has been released and no further action is required on your part.

If you have any questions or require additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title (if applicable)]

[Your Organization (if applicable)]