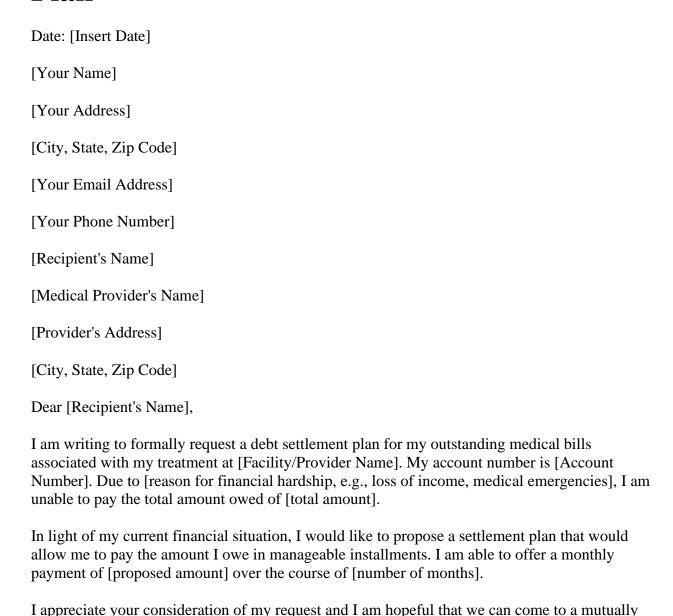
## **Application for Medical Debt Settlement Plan**



agreeable resolution. Please let me know if you require any additional information or

documentation to support my application.

[Your Signature (if sending by mail)]

Sincerely,

Thank you for your understanding and assistance in this matter.

[Your Printed Name]