

# Update on Medical Debt Repayment Progress

Date: [Insert Date]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to provide you with an update regarding the repayment of the medical debt incurred from [specific medical service or provider] on [date of service].

As of today, I have made a total payment of [amount paid], which has reduced the outstanding balance to [remaining balance]. I am committed to continuing my payments and plan to contribute [amount] towards this debt on [next payment date].

Please feel free to reach out if you have any questions or require further details regarding my repayment plan.

Thank you for your understanding and support during this process.

Sincerely,

[Your Name]

[Your Contact Information]