

# Debt Ownership Transfer for Medical Bill Liability

Date: [Insert Date]

From:

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

To:

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

Dear [Recipient's Name],

I am writing to formally notify you of the transfer of debt ownership concerning the medical bill liability related to [Patient's Name] which was incurred on [Date of Service]. The total amount outstanding is [Amount].

Effective immediately, I hereby transfer all rights and responsibilities for the aforementioned debt to [New Owner's Name], who agrees to assume all obligations associated with this liability. [New Owner's Name] can be reached at [New Owner's Contact Information].

Please update your records accordingly and direct all future correspondence regarding this debt to [New Owner's Name].

Thank you for your attention to this matter. If you have any questions or require further information, please do not hesitate to contact me.

Sincerely,

[Your Name]