

Debt Acknowledgment Letter

Date: _____

To: [Creditor's Name]

[Creditor's Address]

[City, State, Zip Code]

Dear [Creditor's Name],

I, [Your Full Name], am writing to acknowledge and confirm my debt related to the medical bills incurred at [Hospital/Provider Name] on [Date(s) of Service]. The total amount I owe is \$[Amount].

I understand that this debt must be settled, and I am committed to addressing it. I would like to propose a payment plan of \$[Proposed Amount] per month starting on [Start Date] until the balance is paid in full.

Please let me know if this proposal is acceptable, or if we need to discuss alternative arrangements. I appreciate your understanding and cooperation in this matter.

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]