

Debt Forgiveness Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Medical Provider's Name]

[Medical Provider's Address]

[City, State, Zip Code]

Subject: Debt Forgiveness Confirmation for Medical Bills

Dear [Medical Provider's Name],

I am writing to formally confirm the forgiveness of my outstanding medical debt with a total amount of [Insert Amount]. This debt was incurred due to [briefly explain circumstances, if necessary] and was due on [insert due date].

I appreciate your understanding and support in this matter. I understand that this debt has been forgiven as of [Insert Forgiveness Date] and that no further payment is required from my side.

Thank you for your assistance and for providing compassionate care during this time.

Sincerely,

[Your Name]