

Direct Settlement Request for Medical Bills

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Credit Card Company Name]

[Company Address]

[City, State, Zip Code]

Subject: Direct Settlement Request for Medical Bills

Dear [Credit Card Company Name],

I am writing to formally request a direct settlement from my credit card account for the medical bills incurred due to [brief description of medical issue]. The details are as follows:

- Provider Name: [Medical Provider]
- Account Number: [Bill Account Number]
- Amount Due: [Total Amount]
- Date of Service: [Date]

Attached are the relevant documents including the invoices and any other necessary medical reports. I believe that settling these medical expenses directly through my credit card will help in managing the payments effectively.

Please let me know if you require any additional information or documentation to process this request. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]