

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

[Date]

[Contact Name/Legal Department]
[Medical Provider or Collection Agency Name]
[Address]
[City, State, Zip Code]

RE: FINAL SETTLEMENT OFFER BEFORE LITIGATION

Patient Name: [Patient Name]
Account Number: [Account Number]
Total Alleged Balance: \$[Total Amount]

To Whom It May Concern,

This letter serves as a formal final settlement offer regarding the above-referenced medical account. I am writing to resolve this matter amicably and avoid the costs and time associated with formal litigation.

I am prepared to offer a one-time, lump-sum payment of **\$(Offer Amount)** as full and final satisfaction of this debt. This offer is made in light of [mention reason: e.g., financial hardship, insurance billing errors, or disputed charges].

Terms of Settlement:

- This payment shall constitute a full release of all claims related to this account.
- Upon receipt of the funds, the balance will be adjusted to \$0.00.
- Your company (and any associated credit reporting agencies) will mark the account as "Paid in Full" or "Settled in Full."
- All collection activities and threats of legal action will cease immediately.

This offer is valid for [Number] business days from the date of this letter. If this offer is not accepted by [Expiration Date], I will proceed with protecting my rights through appropriate legal channels or consumer protection agencies.

Please provide written acceptance of these terms on company letterhead. Once received, I will issue payment via [Payment Method].

Sincerely,

[Signature]

[Your Printed Name]