

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

[Date]

[Collection Agency Name]  
[Collection Agency Address]  
[City, State, Zip Code]

Re: Account Number [Insert Account Number]

To Whom It May Concern,

I am writing to you regarding the medical debt listed under the above-referenced account number, which is currently appearing on my credit report. This letter is a formal offer to settle this account in full.

Please be advised that this is not an admission of liability for the debt, nor is it a waiver of any of my rights under the Fair Credit Reporting Act (FCRA) or the Fair Debt Collection Practices Act (FDCPA).

I am willing to pay the amount of \$[Insert Amount You Are Willing to Pay] as a settlement in full for this debt. This offer is contingent upon your agreement to the following terms:

- You will accept the payment of \$[Insert Amount] as a full and final settlement of the debt.
- Within 30 days of receiving this payment, you will completely remove all references, trade lines, and reporting related to this account from my credit reports at Equifax, Experian, and TransUnion.
- You will not sell, transfer, or assign this debt to any other entity.
- This agreement will remain confidential between the involved parties.

If you agree to these terms, please send a signed letter on your company letterhead confirming this agreement. Once I receive the signed agreement, I will send the payment via [Certified Check/Money Order].

Please note that if I do not receive a written agreement within 15 business days, this offer will be considered withdrawn.

I look forward to your timely response.

Sincerely,

[Your Signature]

[Your Printed Name]