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

Date: [Date]

[Name of Medical Provider or Collection Agency]
[Department Name]
[Address]
[City, State, Zip Code]

Re: Account Number: [Your Account Number]
Patient Name: [Patient Name]
Total Balance Owed: $[Total Amount]

To Whom It May Concern,

I am writing to discuss the outstanding balance on the aforementioned account. Due to an unexpected medical emergency and the resulting financial hardship, I am currently unable to pay the full balance owed.

I am committed to resolving this debt, but my current financial situation, including [mention briefly: loss of income/high medical bills/disability], makes it impossible to meet the full obligation. After reviewing my finances, I am prepared to offer a one-time, lump-sum payment of **$[Offer Amount]** as a full and final settlement of this debt.

This offer is contingent upon the following terms:

- The payment of $[Offer Amount] will be accepted as payment in full for the account.
- Upon receipt of payment, the account will be closed and the balance will be adjusted to zero.
- Any negative reporting to credit bureaus regarding this account will be removed or updated to "Paid in Full" or "Settled in Full."
- Your organization will cease all further collection activities regarding this account.

If these terms are acceptable, please provide a written agreement signed by an authorized representative. Once I receive the written confirmation of this agreement, I will send the payment via [Certified Check/Money Order] within [Number] days.

Thank you for your time and for considering my circumstances during this difficult time. I look forward to your response.

Sincerely,

[Your Signature]

[Your Printed Name]