

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

[Name of Debt Collector/Hospital Billing Department]
[Address]
[City, State, Zip Code]

RE: Account Number: [Your Account Number]
Original Creditor: [Name of Hospital/Clinic]
Total Alleged Debt: \$[Amount]

Dear [Name of Contact Person or Billing Department],

I am writing in response to your letter dated [Date of their offer] regarding the settlement of the above-referenced medical debt. You offered to settle this account for \$[Their offered amount].

Due to my current financial situation, I am unable to accept your proposal. However, I would like to resolve this matter and am offering a one-time, lump-sum payment of \$[Your counter-offer amount] as full and final settlement of this debt.

This offer is contingent upon the following conditions:

- The payment of \$[Your counter-offer amount] will be accepted as payment in full for the account.
- Upon receipt of payment, your organization will consider the debt satisfied and the balance will be reduced to zero.
- Your organization agrees to remove any negative remarks or reporting regarding this account from all credit reporting agencies (Equifax, Experian, and TransUnion).
- No further collection efforts will be pursued against me for this debt.

If these terms are acceptable, please send me a written agreement signed by an authorized representative of your company. Once I receive the written confirmation, I will send the payment via [Certified Check/Money Order] within [Number of days, e.g., 10] business days.

Please note that this letter is not an acknowledgment of the validity of the debt, but an attempt to settle a disputed claim. I look forward to your response.

Sincerely,

[Your Signature]

[Your Printed Name]