

[Date]

[Account Holder Name]

[Address Line 1]

[City, State, Zip Code]

Account Number: [Insert Account Number]

Subject: Notice of Account Closure - Medical Hardship Forbearance

Dear [Customer Name],

This letter is to formally notify you that the Medical Hardship Forbearance period for your account has concluded, and your account has been officially closed effective [Date].

Based on our previous communications and the documentation provided regarding your medical circumstances, the following actions have been taken:

- **Account Status:** Closed
- **Remaining Balance:** [Insert Amount or \$0.00]
- **Final Resolution:** [Insert "Settled in Full," "Written Off," or "Paid per Forbearance Agreement"]

Please be advised that this closure marks the end of your financial obligation regarding this specific account under the terms of the medical hardship agreement. No further payments are required at this time.

We recommend keeping a copy of this letter for your personal records. If you have any questions regarding this notification or require further clarification, please contact our Hardship Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Name of Representative]

[Title]

[Company Name]