

URGENT: FOR SETTLEMENT PURPOSES ONLY

Date: [Insert Date]

[Collection Agency/Law Firm Name]

[Address Line 1]

[City, State, Zip Code]

RE: Settlement Offer for Medical Account

Debtor: [Your Full Name]

Account Number: [Insert Account Number]

Original Creditor: [Hospital or Doctor Name]

Total Alleged Balance: \$[Insert Amount]

To Whom It May Concern,

This letter is a formal offer to resolve the above-referenced medical account prior to the commencement of any formal litigation. This offer is made for settlement purposes only and does not constitute an admission of liability or the validity of the debt.

I am currently prepared to offer a one-time, lump-sum payment of **\$[Insert Settlement Amount]** as full and final satisfaction of this debt. This offer is contingent upon the following terms:

- The payment of the specified amount shall constitute a full release of any further liability regarding this account.
- Your organization, and the original creditor, will consider the account "Settled in Full."
- Any reporting to credit bureaus (Equifax, Experian, TransUnion) regarding this account will be updated to reflect a status of "Paid" or "Settled in Full," or ideally, deleted entirely.
- All collection efforts and potential legal actions will cease immediately upon receipt of funds.

Please provide a written acceptance of this offer on your company letterhead within [Insert Number, e.g., 10] business days. Upon receipt of your written agreement to these terms, I will issue payment via [Insert Payment Method, e.g., Certified Check/Money Order].

If this matter is not resolved through this settlement, I reserve all rights to dispute the accuracy and validity of the medical charges in question through formal legal channels.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]