

Date: [Current Date]

Patient Name: [Patient Full Name]

Account Number: [Account/Invoice Number]

Total Balance Due: \$[Total Amount]

Creditor Information:

[Medical Facility Name]

[Billing Department Address]

[City, State, Zip Code]

Dear Billing Department,

This letter serves as a formal agreement regarding the outstanding medical balance for the account referenced above. I am committed to paying the full balance and propose the following installment payment plan:

- **Total Debt Amount:** \$[Total Amount]
- **Installment Amount:** \$[Monthly Payment Amount]
- **Payment Frequency:** [e.g., Monthly/Bi-weekly]
- **Start Date:** [Date of First Payment]
- **Payment Method:** [e.g., Check, Credit Card, Online Portal]

I agree to make these payments consistently until the balance is paid in full. I request that as long as payments are made according to this schedule, the account remains in good standing and is not referred to a collection agency.

Please confirm your acceptance of this proposal by signing below and returning a copy to me, or by sending a confirmation letter to my address.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Mailing Address]

Accepted By (Facility Representative):

Signature: _____ Date: _____