

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

[Date]

[Name of Executor/Administrator]
Estate of [Name of Deceased]
[Address of Executor]
[City, State, Zip Code]

RE: NOTICE OF CLAIM AND DEMAND FOR PAYMENT

Deceased: [Name of Deceased]
Date of Death: [Date of Death]
Account Number: [Account Number/Reference Number]

Dear [Name of Executor/Administrator],

I am writing to you in your capacity as the Executor or Personal Representative of the Estate of [Name of Deceased]. This letter serves as a formal demand for payment of outstanding medical expenses incurred by the deceased.

The total balance due is \$[Amount], which relates to medical services provided on [Dates of Service] at [Name of Medical Facility/Provider]. Attached to this letter, please find an itemized statement detailing the services rendered and the costs associated with each.

As these expenses represent a valid debt of the decedent, please consider this a formal claim against the estate. We request that payment be made in full from the assets of the estate as part of the probate or settlement process.

Please remit payment to the following address:

[Payment Name/Entity]
[Payment Address]
[City, State, Zip Code]

If the estate is still in the process of being settled, please provide an estimated timeline for when creditors can expect payment. If you require any additional documentation to verify this claim, please contact me immediately.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Organization, if applicable]

Enclosure: [List attached documents, e.g., Itemized Medical Statement]