Healthcare Debt Settlement Acceptance

Subject: Acceptance of Medical Debt Settlement Offer - Patient Account [Number]

Dear [Healthcare Provider/Billing Department],

I am writing to accept the settlement offer for my medical debt from treatment received on [Date(s)] for [brief description if comfortable sharing].

Settlement details accepted:

- Patient Account: [Number]
- Original charges: $[Amount]
- Settlement offer: $[Amount]
- Payment plan: [Lump sum/Monthly payments of $X for X months]

Given my current financial circumstances, this settlement arrangement allows me to resolve my obligation while managing my ongoing healthcare needs. I'm grateful for your willingness to work with patients facing financial difficulties.

Please send written confirmation of this agreement and update my account accordingly. I will submit payment by [Date] as agreed.

Thank you for your understanding and quality care.

Sincerely,

[Patient Name]

[Date of Birth for account verification]