

Medical Treatment Financial Responsibility

Subject: Financial Responsibility for Medical Expenses

Dear [Hospital/Clinic Name],

I, [Your Name], accept full financial responsibility for all medical expenses related to [Patient Name] during their treatment at your facility. This responsibility includes hospitalization, surgery, medication, and any other associated costs.

Please consider this letter as formal confirmation of my commitment.

Sincerely,

[Your Name]

[Contact Information]

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