

SETTLEMENT REDUCTION REQUEST

Healthcare Provider Information:

Provider Name: City General Hospital
Address: 123 Medical Center Dr, Anytown, ST 12345
Phone: (555) 123-4567

Patient Information:

Patient Name: John Doe
Date of Birth: 01/15/1980
Address: 456 Patient Ave, Anytown, ST 12345

Service Information:

Service Date: 03/15/2024
Description: Emergency Room Visit - Chest Pain

Financial Summary:

Original Billed Amount: \$2500.00
Amount Paid: \$500.00
Current Balance Due: \$2000.00

Settlement Offer:

Proposed Settlement Amount: \$800.00
Settlement Terms: Full and final settlement of all claims. Payment due within 30 days.

Contact Information:

Settlement Department
Phone: (555) 987-6543
Email: settlements@settlementcalc.com

This settlement offer is valid for 30 days from the date of this letter.
Please contact us to discuss this settlement proposal.

Generated on: 10/7/2025