

Debt Statement Form - Medical Debt

This **debt statement form** sample helps individuals itemize and summarize their medical debts clearly and accurately. It facilitates communication with healthcare providers and creditors by providing a structured format for debt verification. Using this form can assist in managing and resolving medical financial obligations efficiently.

Personal Information

Full Name	
Date of Birth	
Address	
Phone Number	
Email	

Medical Debt Details

Date of Service	Provider / Facility	Account Number	Type of Service	Original Amount	Insurance Payment	Patient/Guarantor Owed	Current Balance
Total Current Balance							

Creditor/Collection Agency Details

Creditor/Agency Name	
Contact Person	
Phone Number	
Account Reference	
Correspondence Address	

Signature & Acknowledgment

Signature	
Date	

Note: Attach all relevant documentation such as bills, insurance explanation of benefits (EOB), and correspondence with creditors. This form is for record-keeping and communication purposes only and does not constitute legal advice.