

Medical Expense Payment Plan Suggestion

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to discuss the outstanding medical expenses related to [specific medical procedure or service] that were incurred on [date of service].

We understand that managing healthcare costs can be challenging, and we would like to suggest a payment plan to assist you in settling the remaining balance of [insert total amount]. We propose the following payment schedule:

- Initial Payment: [Insert amount] due by [Insert due date]
- Subsequent Payments: [Insert amount] due on [Insert monthly due date] for [Insert number of months]

Should you need to adjust the payment amounts or the schedule, please feel free to reach out, and we would be happy to discuss alternative arrangements.

Thank you for your attention to this matter. We appreciate your prompt consideration and look forward to your response.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]