

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Billing Department]

[Medical Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Billing Department/Specific Contact Name],

I hope this letter finds you well. I am writing to discuss my recent medical bills dated [insert date of service], under account number [insert account number].

Unfortunately, I have encountered some financial difficulties that have made it challenging for me to settle the outstanding balance of [insert amount]. I value the services provided and am committed to finding a solution that works for both parties.

Could we perhaps negotiate a payment plan or a reduced settlement amount? I am willing to discuss alternative arrangements that would allow me to manage this situation effectively while ensuring you receive the compensation you are owed.

Thank you for your understanding and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]