

Medical Billing Payment Options Inquiry

Date: [Insert Date]

To: [Medical Provider's Name]

Address: [Provider's Address]

Dear [Provider's Name or Billing Department],

I hope this message finds you well. I am writing to inquire about the payment options available for my recent medical bill (Account Number: [Insert Account Number]). Due to some unforeseen circumstances, I would like to explore the various payment plans or options that your office may offer.

Could you please provide me with information regarding:

- Available payment plans
- Any financial assistance programs
- Deadlines for payment
- Contact information for further assistance

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Contact Information]