

# **Inquiry About Medical Debt Repayment Options**

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Provider's Name or Medical Office]

[Provider's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the medical debt repayment options available for my account, which I believe is under the name [Your Full Name] with account number [Account Number]. As I prioritize settling my medical obligations, I would appreciate any information regarding payment plans, potential financial assistance, or any other repayment options that your office may offer.

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

Sincerely,

[Your Name]