

Medical Debt Repayment Plan Application

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[creditor's Name]

[creditor's Address]

[City, State, ZIP Code]

Dear [Creditor's Name],

I am writing to formally request a repayment plan for my outstanding medical debt, account number [Your Account Number]. Due to [brief explanation of financial hardship, e.g., loss of employment, medical emergencies], I am currently unable to pay the full amount owed.

I propose to pay [specific amount] per month starting on [start date], which I believe is a manageable amount considering my current financial situation. I appreciate your understanding and willingness to work with me during this difficult time.

Please let me know if you require any further documentation to support my request. Thank you for considering my application. I look forward to your prompt response.

Sincerely,

[Your Name]