

# Negotiation for Medical Bill Repayment

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Billing Department's Name]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Billing Department's Name],

I am writing to discuss my medical bill dated [Date of Bill] for [Description of Services] with the account number [Account Number]. Due to unforeseen circumstances, I am facing financial difficulties and am unable to pay the total amount of [Total Bill Amount].

After reviewing my financial situation, I would like to propose a repayment plan of [Proposed Amount] per month, starting from [Proposed Start Date]. I believe this arrangement would allow me to manage my payments effectively.

I appreciate your understanding and consideration of my situation. Please feel free to contact me at [Your Phone Number] or [Your Email Address] to discuss this proposal further.

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

Sincerely,

[Your Name]