

Billing Extension Request for Medical Fees

Date: [Insert Date]

To,

[Billing Department]

[Medical Institution Name]

[Address]

Dear [Billing Manager's Name],

I hope this message finds you well. I am writing to formally request an extension for the payment of my medical fees incurred during my treatment on [Insert Dates of Treatment]. My account number is [Insert Account Number].

Due to [briefly explain your situation, e.g., unforeseen financial hardship, loss of job, etc.], I am currently unable to meet the original payment deadline of [Insert Original Due Date]. I kindly ask for an extension of [Insert Requested Extension Period] to allow me sufficient time to manage my finances and settle the outstanding amount.

I genuinely value the care I received at [Medical Institution Name] and am committed to fulfilling my financial obligations. I would be grateful if you could consider my request and advise me on the next steps.

Thank you for your understanding and support in this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]