

Healthcare Payment Plan Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request a payment plan for my recent medical expenses incurred on [Date of Service], under patient account number [Account Number]. Due to [brief explanation of your financial situation], I am unable to pay the full amount at this time.

After reviewing my financial circumstances, I would greatly appreciate the opportunity to discuss a manageable payment plan to settle my balance of [Total Amount Due]. I propose a monthly payment of [Proposed Monthly Payment Amount] until the total is paid off.

Please let me know if this is a feasible option or if there are any forms I need to complete. I am committed to resolving this matter and appreciate your understanding and support.

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

Sincerely,

[Your Name]