

Medical Bill Payment Schedule Proposal

Date: [Insert Date]

To,

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Proposal for Payment Schedule of Medical Bills

I hope this letter finds you in good health. I am writing to propose a payment schedule for my outstanding medical bills incurred due to [briefly describe the medical service or reason]. My medical provider, [Provider's Name], has informed me of the total amount owed, which is [Total Amount].

Due to my current financial situation, I wish to establish a payment plan that would allow me to settle this amount in a manageable way. I propose the following payment schedule:

- Initial Payment: [Amount] due by [Date]
- Subsequent Payments: [Amount] due on the [specific day of the month] for [number of months]
- Final Payment: [Amount] due by [Final Payment Date]

I believe that this plan will allow me to meet my obligations while ensuring that the payments are made consistently and timely. I kindly request your understanding and consideration of this proposal.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]