

# Medical Debt Relief Inquiry

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company/Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to inquire about potential medical debt relief options available for my outstanding medical bills. Due to recent health issues, I am struggling to manage my financial obligations and am seeking assistance to alleviate my debt burden.

As of [Date], I have medical debts totaling [Amount] related to [Description of Medical Services, e.g., hospital stays, treatments, etc.]. I would greatly appreciate any information regarding programs or resources that could help me find relief from these debts.

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

Sincerely,

[Your Name]