

Petition for Medical Debt Forgiveness

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Name of the Hospital/Organization]

[Address of the Hospital/Organization]

[City, State, Zip Code]

Subject: Request for Medical Debt Forgiveness

Dear [Recipient's Name],

I am writing to formally request your consideration for the forgiveness of my medical debt incurred at [Name of the Hospital/Organization] on [Date of Service]. My account number is [Account Number].

Due to [briefly explain your financial hardship and circumstances], I am currently unable to meet my financial obligations. The burden of this debt has caused significant stress and has adversely affected my well-being.

Attached, please find documentation supporting my current financial situation, including [list documents such as income statements, bank statements, etc.]. I am hoping for your understanding and compassion regarding my application.

I would be grateful for your assistance and a prompt response to this request. You can reach me at [Your Phone Number] or [Your Email Address] for any further information.

Thank you for your time and consideration.

Sincerely,

[Your Name]