

Debt Forgiveness Application

Date: [Insert Date]

To: [Medical Provider's Name]

[Medical Provider's Address]

[City, State, ZIP Code]

Dear [Medical Provider's Name],

I hope this letter finds you well. I am writing to formally request debt forgiveness for the outstanding medical bills I owe to your facility, account number [Insert Account Number].

Due to [brief explanation of circumstances, e.g., loss of job, unexpected medical emergencies, etc.], my financial situation has become increasingly untenable. As a result, I am unable to pay the current balance of [Insert Amount].

It is with great hope that I appeal to your compassion. I kindly ask for the forgiveness of my debt in light of my financial hardship. If necessary, I am more than willing to provide documentation to support my situation.

Thank you for considering my application. I look forward to your favorable response.

Sincerely,

[Your Full Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]