

Late Payment Explanation Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient's Position]

[Medical Facility's Name]

[Facility's Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to explain the delay in my payment for the medical bills associated with my recent treatment at [Medical Facility's Name].

Due to [brief explanation of circumstances, e.g., unexpected financial hardship, personal issues, etc.], I have been unable to meet the payment deadline. I understand the importance of fulfilling my financial obligations, and I am committed to resolving this matter as soon as possible.

I am currently making arrangements to [mention any planned actions, e.g., pay the bill in installments, secure funding, etc.], and I expect to be able to make a payment of [amount] by [specific date]. I appreciate your understanding and patience during this challenging time.

If there are any forms I need to complete or if you would like to discuss this further, please feel free to contact me at [your phone number] or [your email address].

Thank you for your understanding and support.

Sincerely,

[Your Name]