

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Medical Facility's Name]

[Facility's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the options available for managing my medical debt related to services received on [date of service]. I am currently exploring alternatives that may assist in alleviating the financial burden I am experiencing.

Specifically, I would like to know if your facility offers any payment plans, financial assistance programs, or options for negotiation that could help in reducing my outstanding balance. Additionally, I would appreciate any information regarding relevant deadlines or documentation that may be required to pursue these options.

Thank you for your attention to this matter. I look forward to your prompt response so that I can explore the best possible solutions for my situation.

Sincerely,

[Your Name]