

# Proposal for Medical Debt Repayment Arrangement

Date: [Insert Date]

To: [Recipient's Name]

Medical Provider: [Provider's Name]

Address: [Provider's Address]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to propose a repayment arrangement for my outstanding medical debt with [Provider's Name]. My account number is [Account Number]. Due to [brief explanation of circumstances leading to debt], I am currently facing financial difficulties.

In light of these circumstances, I would like to propose the following repayment plan:

- Total amount owed: \$[Total Amount]
- Proposed monthly payment: \$[Proposed Amount]
- Proposed duration of repayment: [Number of Months]

I believe this plan will allow me to fulfill my obligation to [Provider's Name] while also managing my financial responsibilities effectively. I kindly request your consideration and approval of this proposal.

Thank you for your time and understanding. I look forward to your favorable response.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, ZIP]

[Your Phone Number]

[Your Email]