

Request for Medical Bill Payment Scheduling

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Billing Department/Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name or Billing Department],

I hope this letter finds you well. I am writing to request a payment scheduling plan for my medical bills associated with my services received on [Insert Dates of Treatment]. Due to unforeseen circumstances, I am currently unable to pay the total amount due of [Insert Amount].

I would like to propose a payment schedule that would allow me to pay off the balance in manageable installments. I can offer to make payments of [Insert Proposed Amount] per month. Please let me know if this proposal is acceptable or if there are alternative options available.

Thank you for your understanding and assistance regarding this matter. I look forward to your prompt response.

Sincerely,

[Your Name]