

Loan Consolidation Proposal

Date: [Insert Date]

To: [Lender's Name]
[Lender's Address]
[City, State, Zip Code]

Dear [Lender's Name],

I am writing to propose a loan consolidation plan for my medical bills, totaling [Insert Amount]. Due to [briefly explain circumstances, e.g., unforeseen medical emergencies], I find myself in a challenging financial situation.

I am seeking your assistance in consolidating my medical debt into a single loan with a lower interest rate, which would allow me to manage my repayments more effectively. My goal is to ensure timely payments and avoid further financial distress.

Details of the proposed loan consolidation are as follows:

- Total Debt: [Insert Total Amount]
- Proposed Interest Rate: [Insert Proposed Rate]
- Proposed Monthly Payment: [Insert Amount]
- Proposed Loan Term: [Insert Term Length]

I believe that this proposal would not only benefit me by providing manageable terms but also ensure that you receive repayments promptly.

Thank you for considering my proposal. I am hopeful for a positive response.

Sincerely,
[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]