

Financial Hardship Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Medical Debt Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Provider's Name or Billing Department],

I am writing to formally notify you of my current financial hardship regarding my medical debt account number [Insert Account Number]. Due to [briefly explain your situation, e.g., loss of job, medical issues, etc.], I am unable to meet my financial obligations.

Despite my best efforts, my financial situation has left me unable to pay my medical bills at this time. I kindly request your understanding and assistance in navigating this hardship. I would like to explore options such as payment plans or potential debt forgiveness.

Enclosed with this letter are documents that further outline my financial situation, including [list documents, e.g., pay stubs, unemployment benefits letter, etc.]. I appreciate your consideration and support as I work to resolve this matter.

Thank you for your understanding. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]