

Request for Extension of Insurance Payment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request an extension for the payment due on my medical expenses associated with my health care plan [Policy Number]. Due to [brief explanation of your circumstances], I am currently facing difficulties in meeting the original payment deadline.

I kindly ask for an extension of [mention specific duration, e.g., 30 days], which would provide me with the necessary time to arrange for the payment. I appreciate your understanding and support in these trying times.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]