

# Goodwill Deletion Request for Medical Bills

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Creditor's Name]

[Creditor's Address]

[City, State, Zip Code]

Dear [Creditor's Name],

I hope this message finds you well. I am writing to request a goodwill deletion of my medical bills reported on my credit file.

My name is [Your Name] and my account number is [Account Number]. Due to [brief explanation of circumstances such as medical emergency, job loss, etc.], I experienced difficulty keeping up with my payments. I have since resolved these issues and have maintained timely payments since [Date].

Understanding that there was a period of hardship, I am kindly requesting that you consider removing the negative entries from my credit report as a gesture of goodwill. This would greatly aid me in my efforts to build a positive credit history.

Thank you for considering my request. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any additional information.

Sincerely,

[Your Name]