

Payment Extension Request for Medical Expenses

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title/Position]

[Medical Institution/Provider Name]

[Address of Medical Institution/Provider]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request an extension for the payment of my medical expenses incurred on [insert date of service] at [insert name of facility]. Due to unforeseen circumstances, I am currently facing financial difficulties that prevent me from meeting the original payment deadline.

I greatly appreciate the services provided to me and am committed to fulfilling my financial obligations. I kindly ask for an extension of [insert number of weeks/months] to allow me the necessary time to arrange for payment. I assure you that I will keep you updated regarding my situation and will work diligently to settle the account as soon as possible.

If you require any documentation or further information to support my request, please let me know. Thank you for considering my request, and I look forward to your understanding response.

Sincerely,

[Your Name]