

Late Fee Waiver Request for Medical Expenses

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Billing Department's Name]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Billing Department's Name],

I hope this message finds you well. I am writing to formally request a waiver for the late fees incurred on my account (Account Number: [Your Account Number]) due to unforeseen medical expenses.

On [Date of Service], I received medical treatment that placed a significant financial burden on me. As a result, I was unable to make timely payments. I have always prioritized my medical bills and have consistently paid them on time in the past. This situation is an exception, and I would deeply appreciate your understanding.

Given my circumstances, I kindly request that you consider waiving the late fees associated with my account. I am committed to making the necessary payments moving forward and ensuring that my account remains in good standing.

Thank you for considering my request. I look forward to your favorable response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]