

# Graduated Payment Loan Proposal for Medical Costs

Date: [Insert Date]

To: [Lender's Name]  
[Lender's Address]  
[City, State, Zip Code]

Dear [Lender's Name],

I am writing to formally propose a graduated payment loan to assist with my medical costs. Due to [briefly explain the situation, e.g., a recent medical emergency, ongoing treatment], I find myself in need of financial assistance to cover the expenses associated with my healthcare.

I am seeking a loan amount of [insert amount] with a plan for graduated payments. I propose to make initial payments of [insert amount] for the first [insert duration, e.g., 6 months], which will gradually increase to [insert amount] over the next [insert duration, e.g., 2 years]. This structure will allow me to manage my cash flow while ensuring I can meet my financial obligations.

The total cost of my medical treatment is approximately [insert total cost], and I am planning to cover the remaining balance through [explain how you will cover remaining costs, e.g., insurance, personal savings].

I believe this repayment plan is reasonable based on my current and projected income, and I am committed to maintaining timely payments as outlined. I am hopeful that you will consider my proposal favorably.

Thank you for your consideration. I look forward to your response.

Sincerely,  
[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]