

# Payment Forgiveness Inquiry for Medical Bills

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Medical Provider's Name]

[Provider's Address]

[City, State, ZIP Code]

Dear [Medical Provider's Name],

I hope this message finds you well. I am writing to inquire about the possibility of payment forgiveness for my recent medical bills.

Due to [brief explanation of your financial situation, e.g., loss of job, unexpected medical expenses], I am currently facing financial hardship and am unable to meet the payment obligations for my medical bills totaling [insert amount].

Given my circumstances, I would greatly appreciate any consideration you can provide regarding the forgiveness of these charges. I have attached documents supporting my current financial status for your review.

Thank you for your understanding and assistance in this matter. I look forward to your prompt response.

Sincerely,

[Your Name]