

# Repayment Plan Proposal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Medical Provider's Name]

[Provider's Address]

[City, State, ZIP Code]

---

Dear [Recipient's Name],

Subject: Proposal for Repayment Plan for Medical Bills

I hope this letter finds you well. I am writing to discuss my outstanding medical bills amounting to [insert total amount]. Due to [briefly explain your financial situation], I am unable to pay the full amount at this time.

In light of my situation, I would like to propose a repayment plan that would allow me to gradually settle my debt. I suggest making monthly payments of [insert proposed amount], starting on [insert proposed start date], until the total amount is paid in full.

I am committed to honoring this repayment plan and would be grateful for your understanding and support. Please let me know if this proposal is acceptable or if modifications are needed.

Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Name]