

Repayment Timeline Suggestion for Medical Bills

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Medical Provider's Name]

[Provider's Address]

[City, State, ZIP Code]

Dear [Provider's Name],

I hope this message finds you well. I am writing to discuss the repayment of my outstanding medical bills totaling [Insert Amount]. Due to [brief explanation of financial situation], I am unable to pay the amount in full at this time.

I would like to propose a repayment timeline that I believe will allow me to fulfill my obligation while managing my financial responsibilities. My suggested timeline is as follows:

- First Payment: \$[insert amount] on [insert date]
- Second Payment: \$[insert amount] on [insert date]
- Third Payment: \$[insert amount] on [insert date]
- Final Payment: \$[insert amount] on [insert date]

I am committed to making these payments reliably, and I hope this arrangement is agreeable to you. Please let me know if this proposal works for your organization, or if there are any adjustments that need to be considered.

Thank you for your understanding and support during this time. I look forward to your response.

Sincerely,

[Your Name]