

# Letter of Appeal for Medical Debt Forgiveness

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Hospital/Provider Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for the forgiveness of my medical debt, account number [Account Number]. Due to [briefly explain your financial hardship, e.g., loss of job, medical emergency, etc.], I am currently struggling to meet my financial obligations.

The outstanding balance of [amount owed] has placed an undue burden on my financial situation, and I am unable to make any payments at this time. I have attached documentation that supports my current financial status, including [list documents, e.g., pay stubs, tax returns, etc.].

I kindly request that you consider forgiving this debt to alleviate the financial strain on my family. Your assistance in this matter would be greatly appreciated as it would allow us to focus on recovery and rebuilding our lives.

Thank you for your attention to this matter. I look forward to your compassionate response.

Sincerely,

[Your Name]