

Letter of Explanation for Unpaid Medical Invoices

Date: [Insert Date]

To: [Billing Department/Name If Known]

[Medical Facility Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient Name or Billing Department],

I am writing to provide an explanation regarding the unpaid medical invoices associated with my account, number [Insert Account Number]. I understand the importance of fulfilling my financial obligations and wish to clarify my current situation.

Due to [explain reason - e.g., temporary financial hardship, unexpected medical expenses, change in employment], I have been unable to settle my outstanding medical bills totaling [Insert Amount]. I take my financial responsibilities seriously and am committed to resolving this matter.

To demonstrate my willingness to pay, I would like to propose a payment plan of [Insert Proposed Payment Plan]. I believe this arrangement would allow me to honor my debts while managing my current financial challenges.

I kindly ask for your understanding and support in this situation. If further documentation is needed to facilitate this request, please let me know. I appreciate your attention to this matter and hope we can come to a mutually acceptable resolution.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]