

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Billing Department
Hospital/Clinic Name
Hospital/Clinic Address
City, State, Zip Code

Dear Billing Department,

I am writing to formally request financial assistance regarding the outstanding bills from my recent surgery performed on [date of surgery] at [Hospital/Clinic Name]. Due to unforeseen circumstances, I am currently experiencing significant financial hardship that is making it challenging for me to manage these expenses.

Despite my best efforts to maintain my finances, [briefly explain your financial situation, e.g., job loss, medical emergencies, etc.], has left me in a difficult position. I am committed to resolving my obligations, but the current bills are beyond my means.

I would greatly appreciate any assistance or payment plan options that you may offer for my situation. I am more than willing to provide any required documentation to support my request.

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

Sincerely,
[Your Name]