

# Hardship Letter for Outstanding Healthcare Costs

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request assistance regarding my outstanding healthcare costs. Due to [briefly explain your hardship situation, e.g., loss of employment, unexpected medical expenses, etc.], I am facing significant financial challenges that have made it difficult for me to manage these costs.

As of today, my outstanding balance for medical care received on [insert dates of service] is [insert amount]. Due to my current financial situation, I am unable to make the required payments, and this continues to add stress to an already difficult time.

I kindly ask for your consideration in potentially reducing my debt, setting up a payment plan, or providing any assistance that may help alleviate this burden. I am committed to resolving this matter and making any necessary payments as my situation improves.

Thank you for your understanding and consideration. I look forward to your response.

Sincerely,

[Your Name]