

# Medical Expense Repayment Negotiation

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

[Recipient Name]  
[Recipient Title/Position]  
[Company Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to discuss the medical expenses incurred on [Date of Service] at [Hospital/Provider Name], which have resulted in a financial burden for me.

Due to [reason for financial hardship, e.g., loss of job, unexpected medical situation], I am unable to pay the full balance of [\$Amount]. I would like to propose a repayment plan that accommodates my current financial situation.

I am suggesting a monthly payment of [\$Proposed Amount] over the next [Number of Months] months. I believe this arrangement would allow me to fulfill my obligation while managing my financial responsibilities.

Please let me know if you would be open to discussing this proposal. I am eager to resolve this matter amicably and maintain a good relationship moving forward.

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

Sincerely,  
[Your Name]