

Letter of Plea for Leniency on Medical Debts

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Creditor's Name]

[Creditor's Address]

[City, State, Zip Code]

Dear [Creditor's Name],

I hope this letter finds you well. I am writing to discuss my current medical debt with your organization, which has become overwhelming due to unforeseen circumstances.

As you may be aware, I have faced significant medical challenges recently, resulting in numerous hospital visits and treatments that have greatly impacted my financial situation. Despite my best efforts to manage these costs, I am now struggling to keep up with payments.

I respectfully request your understanding and consideration for leniency regarding my outstanding medical debts. I am committed to repaying this debt, but I would greatly appreciate any possible adjustments, such as a reduction in payments or a temporary payment plan.

Thank you for taking the time to consider my request. I look forward to your response and hope to work together towards a manageable solution.

Sincerely,

[Your Name]