

Request for Interest Waiver on Medical Debt

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Medical Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Medical Provider's Name],

I hope this letter finds you well. I am writing to formally request a waiver for the interest charges on my medical debt account with your office, account number [Account Number]. Due to [brief explanation of financial hardship, e.g., loss of employment, medical emergencies], I am currently unable to manage my financial obligations effectively.

I truly value the services I received and am committed to resolving my outstanding balance. However, the accumulation of interest has made it increasingly difficult for me to pay off this debt. I kindly request your consideration for a waiver on the accrued interest.

Thank you for your understanding and support during this challenging time. I look forward to your favorable response.

Sincerely,

[Your Name]