

# Medical Debt Assistance Request

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

[Recipient's Name]  
[Recipient's Title]  
[Organization's Name]  
[Organization's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request assistance regarding my medical debt that has become increasingly overwhelming due to [briefly explain your situation, e.g., loss of job, unexpected medical expenses, etc.].

My total medical debt currently amounts to [insert amount], and I am struggling to keep up with payments. [You can include any relevant details about your medical situation and financial hardships.]

I am seeking your assistance in possibly negotiating a reduction in my debt or setting up a manageable payment plan. I believe with your help, I can work towards settling this debt responsibly.

Thank you for considering my request. I would appreciate any guidance or help you can provide. Please feel free to contact me at your earliest convenience.

Sincerely,

[Your Name]