

Medical Bill Negotiation Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Billing Department

[Hospital/Clinic Name]

[Billing Department Address]

[City, State, Zip Code]

Dear Sir/Madam,

I hope this letter finds you well. I am writing to discuss the medical bill I received for services rendered on [Date of Service]. As an uninsured patient, I have been faced with financial challenges and am seeking assistance in negotiating the total amount due.

The bill I received indicates a total amount of [Total Amount]. Considering my current financial situation, I would like to propose a payment plan or request a discount if possible. I believe that a mutually agreeable solution can be reached.

Please find attached supporting documents regarding my financial status, including proof of income and expenses. I would appreciate any flexibility you could provide.

Thank you for your attention to this matter. I look forward to your response and hope for a positive resolution.

Sincerely,

[Your Name]