

Payment Plan Proposal

Date: [Insert Date]

To: [Insert Recipient Name]

[Insert Recipient Address]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to propose a payment plan for my outstanding medical expenses incurred during my recent treatment.

Total Amount Due: \$[Insert Total Amount]

Due to unforeseen circumstances, I am unable to pay the full amount at this time. I would like to propose the following payment plan:

- Initial Payment: \$[Insert Initial Payment] due on [Insert Due Date]
- Subsequent Payments: \$[Insert Amount] to be paid monthly for [Insert Number of Months]
- Total Number of Payments: [Insert Total Number of Payments]

I believe this plan will allow me to settle my debt while managing my financial obligations effectively. I appreciate your understanding and cooperation in this matter.

Thank you for considering my proposal. I look forward to your response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]