

Healthcare Bill Payment Assistance Inquiry

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about possible assistance options for paying my healthcare bills. My account number is [Account Number], and the outstanding balance is [Amount Due].

Due to [brief explanation of your financial situation], I am currently facing difficulties in managing my medical expenses. I would greatly appreciate any information regarding payment plans, financial assistance programs, or resources that may help me settle my bill.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]