**{Your Name}**
**{Your Address}**
**{Your Phone Number}**

**{Hospital/Clinic/Doctor Name}**
**{Address}**
**{Phone Number}**
ATTN: **{contact person}**

**{Date}**

RE: **{consolidation/restructuring/forgiveness}** of debt on medical bills for **{Name}**, account**{number}**

To Whom It May Concern:

My name is **{Name}**, and I was a patient at **{hospital/clinic/doctor's office}** on **{date}**, where I received **{a specific procedure, treatment, etc.}**. **{Indicate what your insurance covered of this procedure,** **or note that you did not have insurance at the time}**.

I have been on a payment plan that has me paying **{amount in dollars}** per month. But I have unfortunately run into significant troubles in my life, which have made it impossible for me to continue to keep up with this payment plan. Due to **{death in the family, loss of a job, other medical problems, etc.}**, I am dealing with making constant decisions about which of my many bills is most important each month.

I have attached **{relevant financial documents}** to this letter, so that you can see that my monthly income is only **{amount in dollars}**, all of which must go to **{mortgage, rent, other payments}**, leaving very little left for the amount I owe you.

**{Indicate how much you can pay each month,** **or indicate that you would like to have your debt forgiven due to this hardship}** . I hope that we can work out a plan that will work for both parties.

Please contact me as soon as possible so that we can begin this process.

Sincerely,

**{Sender Name}**