

Medical Hardship Letter

[Your Name]

[Your Address]

[City, State, Zip Code]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Name of Recipient,]

I am writing to request a settlement for the medical fees I owe your institution. As you are aware, I was involved in an automobile accident in which I fractured both of my legs. Due to the nature of my injuries, I have been unable to return to work and my monthly income has been significantly reduced.

Consequently, I am unable to pay the outstanding amount in full at this time. However, I would like to set up a payment plan of [amount] per month until such time as I am able to return to work and receive my regular wage. I trust that this arrangement will be satisfactory.

Thank you for your time and consideration.

Sincerely,

[Signature]

[Your Name]

[List of Enclosures]