## **Medical Hardship Letter**

Subject: Request for Credit Card Payment Assistance Due to Medical Expenses

Dear [Credit Card Company Name],

Due to unexpected medical expenses, I am facing financial hardship and am unable to make my current credit card payments. My account number is [Account Number].

I am requesting temporary relief, including reduced payments or interest adjustments, to help me manage my financial obligations while addressing these medical costs. I have attached medical bills as supporting documentation.

I appreciate your prompt consideration.

Sincerely,

[Your Name]

[Contact Information]

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