Medical Bill Financial Hardship Appeal

Subject: Request for Medical Bill Reduction - Financial Hardship

Dear Billing Department,

I hope this letter finds you well. I am writing regarding the medical bills I received for services rendered on [date(s)] totaling $[amount]. While I am grateful for the excellent care I received, I find myself in a difficult financial situation that makes paying this amount extremely challenging.

Due to [explanation of financial hardship - job loss, reduced income, family circumstances], my ability to pay has been severely impacted. Despite my best efforts, I simply cannot afford the full amount at this time. I have explored various options including payment plans, but even these remain beyond my current means.

I am hoping we can work together to find a solution that allows me to fulfill my obligation while acknowledging my current circumstances. I would be grateful if you could consider:

- A significant reduction in the total amount owed
- A long-term payment plan with minimal monthly payments
- Application of any available charity care programs

I am committed to paying what I can afford and maintaining regular payments. Enclosed please find documentation of my financial situation including [list supporting documents]. I hope you will consider my request with compassion and understanding.

Thank you for your time and consideration. I look forward to hearing from you soon.

With sincere appreciation,

[Your Name]

[Account Number]