< Your Name >  
< Your Address >  
< Your Phone Number >

{hospital\_name}  
{hospital\_address}  
{phone}

< Date >

RE: < consolidation/restructuring/forgiveness > of debt on medical bills for < Name >, account < Account Number >

To Whom It May Concern:

My name is < Name >, and I was a patient at {hospital\_name} on {treatment\_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 {monthly\_payment} 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 {monthly\_income}, 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 >