

[HOSPITAL/BILLING COMPANY NAME]
[HOSPITAL/BILLING COMPANY ADDRESS]
[PATIENT NAME]
[DATE OF SERVICE]
[AMOUNT DUE]
[BILLING ACCOUNT NUMBER]

To Whom It May Concern,

I'm writing regarding the services I received from [HOSPITAL NAME] on [HOSPITAL BILL DATE]. The amount due for services is [AMOUNT DUE] on the bill [BILL/INVOICE #].

I am writing to negotiate the above medical bills because I am unable to pay the amount requested. This debt has caused me great financial hardship. [EXPLAIN HARDSHIP HERE]

I am grateful for the services I received, but as I cannot pay the full amount due, I hope you will consider my offer of settlement in the amount of [SETTLEMENT OFFER \$] to close out this account. To substantiate my claim...[SUPPORT STATEMENT HERE]

Thank you for considering my proposal, and I look forward to hearing from you soon.

Sincerely,

[NAME]
[ADDRESS]
[PHONE NUMBER]
[EMAIL]