[Your Full Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Billing Department Name]
[Hospital or Medical Center Name]
[Address]
[City, State, Zip Code]

RE: Installment Payment Plan Request for [Patient Name]
Account Number: [Your Account Number]
Procedure Date: [Date of Surgery]

Dear Billing Department,

I am writing to discuss the outstanding balance of $[Total Amount] for the surgical procedure performed on the date mentioned above. Due to my current financial situation, I am unable to pay the full balance in a single lump sum.

I would like to request an installment payment plan to settle this account. I am proposing to pay $[Monthly Amount] per month, starting on [Start Date], until the balance is paid in full. I am committed to making these payments consistently and on time.

Please let me know if this arrangement is acceptable or if there are specific forms I need to complete to formalize this agreement. Additionally, I request that this account remain in good standing and not be referred to a collection agency while I am making these scheduled payments.

Thank you for your time and for helping me resolve this matter. I look forward to your written confirmation.

Sincerely,

[Your Signature]

[Your Printed Name]