

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

[Hospital/Clinic Name]
[Billing Department Address]
[City, State, Zip Code]

Re: Patient Account Number: [Your Account Number]
Total Balance Due: \$[Total Amount]

Dear Billing Department,

I am writing to formally request a partial hardship discount or a reduction of my current medical balance due to significant financial difficulties. I would like to pay my bill, but my current financial situation makes it impossible to pay the full amount.

I am experiencing financial hardship due to [mention reason, e.g., loss of employment, high cost of living, or other medical expenses]. Because of these circumstances, I am unable to meet the full obligation of \$[Total Amount].

I am requesting that you consider a partial discount of my bill. I am prepared to offer a one-time payment of \$[Amount You Can Pay] to settle this account. If a one-time settlement is not possible, I would like to request a reduction of the total balance and a monthly payment plan of \$[Monthly Amount] that fits my budget.

Attached are documents supporting my financial status, including [list documents, e.g., recent pay stubs, tax returns, or a summary of monthly expenses].

Please let me know if you can accept this offer or if there is a specific financial assistance application I need to complete. I look forward to hearing from you soon to resolve this matter.

Sincerely,

[Your Signature]
[Your Printed Name]