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

[Date]

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

RE: Request for Financial Hardship Reduction / Account Settlement
Patient Name: [Patient Name]
Account Number: [Account Number]
Date of Service: [Date of Imaging]
Total Balance Due: $[Amount]

To Whom It May Concern,

I am writing to formally request a reduction of the outstanding balance for the diagnostic imaging services I received on the date mentioned above. I value the care provided by your facility, but I am currently facing financial difficulties that make it impossible for me to pay the full amount of $[Amount].

I am requesting that you consider the following options to help me resolve this debt:

- A reduction of the total balance based on financial hardship.
- A one-time settlement offer. I can offer a lump-sum payment of $[Amount you can afford] to settle the account in full today.
- An interest-free monthly payment plan that fits my current budget of $[Amount] per month.

I have attached [mention any documents, such as recent pay stubs or a hardship letter] to demonstrate my current financial situation. I would appreciate it if you could review my request and let me know if any of these options are available to me.

Please contact me at [Phone Number] or [Email Address] to discuss this further. I look forward to reaching a mutually agreeable resolution.

Sincerely,

[Your Signature]
[Your Printed Name]