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

[Date]

[Name of Medical Provider/Billing Department]
[Address]
[City, State, Zip Code]

Re: Patient Name: [Patient Name] | Account Number: [Account Number] | Total Balance: $[Amount]

Dear Billing Department,

I am writing to formally request a discount or settlement on the outstanding balance for the medical services I received on [Date of Service].

Due to unexpected financial hardship, I am currently unable to pay the full balance of $[Total Amount]. I value the care I received and would like to resolve this debt responsibly. I am requesting that you consider a balance protection discount or a one-time settlement offer.

I am prepared to offer a lump-sum payment of $[Amount You Can Pay] as full and final settlement of this account. Alternatively, if a settlement is not possible, I request to be screened for your hospital's financial assistance or charity care programs to reduce the total amount owed.

Please let me know if you require any financial documentation, such as recent pay stubs or tax returns, to process this request. Once we reach an agreement, I would appreciate a written confirmation stating that the payment will satisfy the debt in full and that any remaining balance will be waived.

Thank you for your time and for considering my request. I look forward to hearing from you soon.

Sincerely,

[Your Signature]

[Your Printed Name]