



---

## Sample Hardship Letter

Date

Provider

Address

Fax number

Re: Your name

Your address

Your social security number

Account number, reference number, date of procedure, etc.

Dear Sir or Madam:

I am writing to notify you of my inability to pay the above-referenced bill for (describe your condition and treatment). I have received the enclosed bill (enclose a copy of the documentation received from the billing company), but I am unable to pay the bill as outlined.

I am not attempting to dispute the charges, nor am I writing to indicate unwillingness to pay; I'm simply writing to request alternate arrangements for this bill.

My income of (please indicate your income) is enough to cover my monthly expenses of (please indicate your expenses) and offset my day-to-day cost of living. As you can see, however, my income does not exceed my expenses by the amount of my bill. Therefore, I'm requesting to make payment arrangements that would allow me to pay this bill in full over a period of time consistent with my income and expenses.

I propose the following payment arrangement: (estimate how much you can afford to send in monthly payments, followed by how long it would take you to pay off the balance of the bill at that rate). While I understand that you are under no obligation to accept this payment arrangement, I am respectfully requesting that you grant this arrangement or offer me a similar payment plan so that I can satisfy this debt within my current financial limitations.

Thank you for your consideration. If you require any additional information, or supporting documentation of my financial status, please contact me at: (provide daytime phone number, evening phone number, e-mail address, and mailing address).

Sincerely,

Name and Signature