

Unpaid balance/Financial hardship letter

Dear Yi Zheng MD office manager,

I am a patient of Dr. Zheng and am reaching out to request financial assistance for my unpaid balances for medical services due to financial difficulties. I have filled out the below information and attached any relevant documentation.

Patient name: _____ Date of birth: _____

Patient address: _____

Patient phone number: _____ Patient email: _____

Date(s) of service: _____ Outstanding balance: _____

Service for which assistance is requested: _____

Brief reason for financial hardship: _____

I understand that assistance is not always possible but hope that you can consider my situation. Thank you for your time and consideration.

Patient Signature: _____ Date: _____

Below for office use only:

Manager Note: _____

Biller Note: _____