**Financial Assistance/Charity Care Debt Collector Letter**

[Date]

[Name of collection agency]

[Address of collection agency]

RE: [your name]

Account # \_

Original Creditor: [name of the hospital or the provider the bill is for]

Request for Suspension of Collection and Credit Reporting Pending Financial Assistance or Charity Care Determination

Dear (name):

I received a communication from you on (date) regarding a bill from (name) Hospital.

I have applied for Financial Assistance/Charity Care to pay for this bill. I am waiting for a determination from the hospital or provider on my application.

Given this financial assistance may result in the reduction or elimination of the debt, I am requesting that while the hospital or provider is making a decision on my application you cease communicating with me regarding this debt and stop all collection activity.

Sincerely,

[Signature]

[Print name]

[Your address]