

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

[Recipient's Name]
[Recipient's Address]
[City, State, Zip Code]

Subject: Demand for Payment of Medical Expenses

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request payment for medical expenses incurred as a result of [brief description of the incident or medical condition leading to expenses]. The total amount due is [total amount due].

The medical expenses are detailed as follows:

- [List individual medical expenses, dates, and providers]
- [Add any additional information or relevant documentation]

Despite previous discussions regarding this matter, I have yet to receive compensation. Therefore, I kindly request that you remit payment to the address listed above by [specific deadline, e.g., 30 days from the date of this letter] to avoid further action.

Please contact me at [your phone number] or [your email] if you have any questions or need further clarification.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Your Printed Name]