

SAMPLE LETTER #1

_____ *[Date]*

_____ *[Name of collection agency]*

_____ *[Address of collection agency]*

RE: _____ *[your name]*

Account # _____

Original Creditor: _____ *[name of the hospital the bill is for]*

Request for Suspension of Collection Pending Charity Care Determination

Dear Sir/Madam:

I received a letter from you dated _____ for a bill from _____
Hospital.

I have now applied for Charity Care benefits to pay for this bill. I am waiting for a
determination from _____ Hospital on my Charity Care application.

The law requires you to stop collection activity until the hospital makes a decision
on my application. See WAC 246-453-020.

Sincerely,

_____ *[signature]*

_____ *[your name]*

_____ *[your address]*

SAMPLE LETTER #2

_____ [Date]

_____ [Name of the lawyer representing the plaintiff hospital or collection agency in your lawsuit]

_____ [Name of Law Firm]

_____ [Address of Lawyer]

RE: _____ v _____ *[plaintiff's name v. defendant's name as listed in the lawsuit caption]*
_____ County _____ *[Superior or District] Court*
Case No. _____ *[put the information here that is on your Summons and Complaint]*
Request for Suspension of Lawsuit Pending Charity Care Determination

Dear _____ *[lawyer's name]*:

I was served with a Summons and Complaint in the lawsuit listed above. I have filed a Notice of Appearance and Answer and sent you a copy. As I indicated in my Answer, I believe I am eligible for Charity Care.

I have now applied for Charity Care to pay this hospital bill. I am waiting for a determination from _____ Hospital on my Charity Care application.

WAC 246-453-020 requires you to suspend collection activity until the hospital makes a decision on my application. I request that you not proceed with this lawsuit until a decision has been made.

Sincerely,

_____ [signature]

_____ [your name]

_____ [your address]