

_____ *[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]*

_____ *[Print name]*

_____ *[Your address]*
