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

[Date]

[Company Name]
[Billing Department Address]
[City, State, Zip Code]

Subject: Request for Late Fee Waiver - Account [Account Number]

Dear Billing Department,

I am writing to formally request a waiver of the late payment fee charged to my account on [Date] in the amount of $[Amount].

This payment was delayed due to an unexpected medical emergency involving [myself / a family member]. Because of these unforeseen circumstances, I was unable to manage my financial obligations by the original due date. I have since made the full payment for the outstanding balance on [Date].

I have consistently paid my bills on time in the past and value my relationship with [Company Name]. I kindly ask for your understanding and request that you remove this one-time late fee as a gesture of goodwill.

If you require any documentation regarding the medical situation, please let me know. Thank you for your time and consideration of this request.

Sincerely,

[Your Signature]

[Your Printed Name]