

[Company Name]
[Department Name]
[Address Line 1]
[City, State, Zip Code]
[Phone Number]

Date: [Current Date]

Subject: Approval of Medical Hardship Forbearance

Dear [Borrower Name],

We have received and reviewed your request for medical hardship forbearance regarding Account Number: [Account Number], along with the documentation provided concerning your extended hospitalization.

Based on our review, your request has been **approved**. We understand that this is a challenging time, and we are granting this period of relief to assist with your financial obligations during your recovery.

Forbearance Details:

- **Start Date:** [Start Date]
- **End Date:** [End Date]
- **Total Duration:** [Number of Months]

Terms of Forbearance:

- During this period, your monthly payments are temporarily suspended or reduced to \$[Amount].
- Interest will continue to accrue on your principal balance during the forbearance period.
- At the end of this period, any unpaid interest may be added to your principal balance (capitalized), which may increase your total loan balance and monthly payment amount.
- You retain the right to make partial or full payments at any time during this period to minimize interest growth.

Next Steps:

Approximately 30 days before your forbearance expires, we will contact you to discuss your status. If your medical situation requires an extension, you will be required to submit updated medical documentation at that time.

If you have any questions regarding this approval or your repayment options, please contact our Hardship Department at [Phone Number].

Sincerely,

[Name/Signature]
[Title]
[Company Name]