Use Practice Letterhead

Date

<Your Name>
<Your Business Address>

<City, State Zip>

<Full Name of your Lessor/Mortgage/Landlord>
<Your account number, if any> :

Dear <NAME>:

During this unprecedented time of uncertainty, my healthcare practice, <YOUR BUSINESS NAME> and its cash-flow have been disrupted. Due to government regulations, and the Centers of Disease Control (CDC) and Florida Department of Health compliance requirements my office has been temporarily closed to help reduce the transmission of COVID-19 and to conserve Personal Protective Equipment (PPE) resources.

Painful as it is at this time, I must request temporary relief that suspends and defers my monthly lease/rent expense for <CHOOSE ONE: 30-60-90-120> days. Please consider approving an addendum for my existing lease, which provides for repayment of any cumulative arrears. If the full amount deferred is repaid prior to December 31, 2020, then an interest-free option would be very much appreciated.

Unfortunately, this is one of several similar letters that I am sending to creditors today. I am committed resuming regular hours, full-time practice and continuing to serve my patients’ needs as soon as possible. <YOUR BUSINESS NAME> is well managed and a respected health care provider in the community. I am confident that my practice will return to strong demand and continued growth.

Your understanding and consideration during this difficult time is sincerely appreciated. I look forward to quickly returning to business-as-usual. Please contact me with questions.

Respectfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<Your Signature>
<Your Name>

<Your Phone>

<Your Email>

cc: COVID-19/bus:FL/StateofEmer