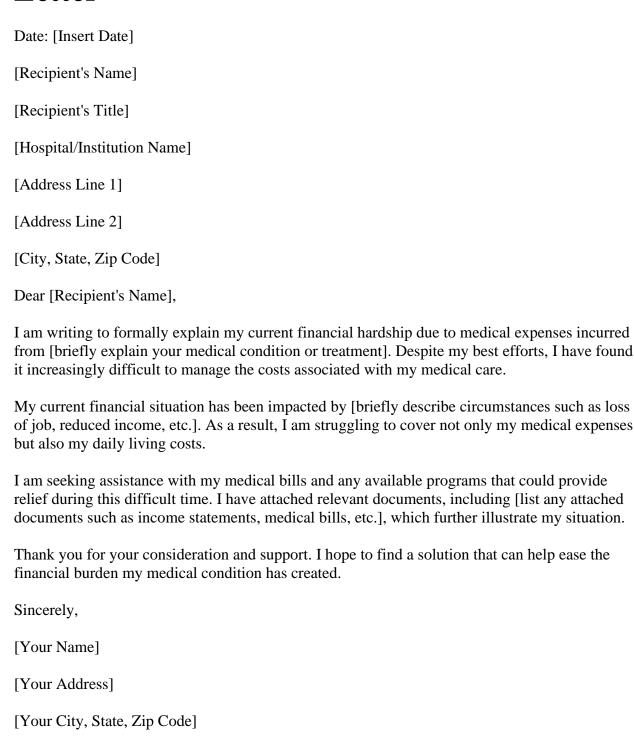
Medical Financial Hardship Explanation Letter



[Your Phone Number]

[Your Email Address]