

Medical Financial Hardship Explanation Letter

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Hospital/Institution Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally explain my current financial hardship due to medical expenses incurred from [briefly explain your medical condition or treatment]. Despite my best efforts, I have found it increasingly difficult to manage the costs associated with my medical care.

My current financial situation has been impacted by [briefly describe circumstances such as loss of job, reduced income, etc.]. As a result, I am struggling to cover not only my medical expenses but also my daily living costs.

I am seeking assistance with my medical bills and any available programs that could provide relief during this difficult time. I have attached relevant documents, including [list any attached documents such as income statements, medical bills, etc.], which further illustrate my situation.

Thank you for your consideration and support. I hope to find a solution that can help ease the financial burden my medical condition has created.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]

[Your Phone Number]

[Your Email Address]