

Appeal for Wheelchair Accommodation

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Healthcare Service Provider's Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my request for wheelchair accommodation at [Healthcare Facility Name]. As a patient with [specific condition], I require appropriate access to ensure I can receive the necessary healthcare services.

Despite my previous requests, it appears that adequate provisions have not been made to assist individuals with mobility impairments. I believe that this accommodation is not only important for my health and safety but also aligns with the legal obligations outlined in the Americans with Disabilities Act (ADA).

I kindly ask you to reconsider my appeal and provide the necessary accommodations to allow for safe and effective access to healthcare services. I am willing to discuss this matter further and provide any additional documentation you may require.

Thank you for your attention to this important matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]