

# Proposed Medical Expenses

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

## **Subject: Proposal for Medical Expenses**

Dear [Recipient's Name],

I am writing to propose the following medical expenses for [Patient's Name] due to [brief explanation of the medical condition]. The estimated expenses are as follows:

- Consultation Fees: \$[amount]
- Diagnostic Tests: \$[amount]
- Medications: \$[amount]
- Therapies: \$[amount]
- Hospitalization: \$[amount]

The total proposed amount is \$[total amount]. I believe these expenses are essential for [Patient's Name]'s recovery and overall health.

I appreciate your consideration of this proposal and look forward to your prompt response.

Thank you.

Sincerely,

[Your Name]