

Letter of Appeal

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Recipient's Name

Healthcare Facility Name
Facility Address
City, State, Zip Code

Subject: Appeal for Resolution of Healthcare Service Concerns

Dear [Recipient's Name],

I am writing to formally express my concerns regarding the healthcare services I received on [date of service] at [name of facility]. Despite my expectations for quality care, I encountered several issues that I believe warrant your attention.

Specifically, I experienced [briefly describe the issues: e.g., long wait times, inadequate treatment, lack of communication, etc.]. These concerns not only affected my health outcome but also impacted my overall experience with your facility.

In light of these circumstances, I kindly request a review of my case and a resolution to the issues presented. I believe that addressing these concerns will not only assist me but also improve the quality of service for future patients.

I appreciate your time and attention to this matter. I look forward to your prompt response and hope for a resolution soon.

Thank you for your consideration.

Sincerely,
[Your Name]