

# Loan Appeal for Medical Expenses

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

Loan Officer's Name  
Bank/Financial Institution Name  
Bank Address  
City, State, Zip Code

Dear [Loan Officer's Name],

I hope this letter finds you well. I am writing to formally appeal the decision regarding my loan application for medical expenses that was submitted on [date of application]. Due to unforeseen medical circumstances, my financial situation has become increasingly challenging, making it difficult for me to cover my expenses.

On [date of medical event or diagnosis], I was faced with [brief explanation of medical condition and treatment required]. The medical bills have accumulated to an amount that I am unable to manage without assistance. I have attached the relevant documentation including medical bills and letters from healthcare providers as evidence of my situation.

Given these circumstances, I kindly request a reassessment of my loan application. I am committed to fulfilling my repayment obligations and am willing to discuss alternative repayment plans that could alleviate the financial burden.

Thank you for considering my appeal. I look forward to your positive response, as this assistance would significantly improve my ability to manage my medical expenses. Please feel free to contact me at [your phone number] or [your email address] for any further information or clarification.

Sincerely,

Your Name