

# Flexible Loan Application for Medical Expenses

Date: \_\_\_\_\_

To,

The Manager,

[Bank/Financial Institution Name]

[Bank Address]

Subject: Application for Flexible Loan to Cover Medical Expenses

Dear Sir/Madam,

I am writing to formally request a flexible loan to assist in covering medical expenses that have arisen due to unexpected health issues. My name is [Your Name], and I am a customer of your bank with account number [Account Number].

Due to recent medical circumstances involving [briefly describe the medical situation], I have incurred substantial medical bills that I am unable to cover without financial assistance. The total amount I am seeking is [Amount Required], which will be utilized for [brief description of expenses, such as hospital bills, medication, treatment, etc.].

I am seeking a flexible repayment plan that allows me to manage my financial commitments while ensuring timely repayment of the loan. I assure you of my commitment to meet the repayment terms specified by your institution.

Attached with this letter are relevant medical documents, estimates of the expenses, and my financial information for your review. I kindly request your assistance in processing my application at your earliest convenience.

Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Signature]

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]