

Letter of Assistance with Medical Expenses

Date: [Insert Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request assistance with medical expenses incurred due to [briefly explain the medical situation or condition]. The costs associated with my treatment have become overwhelming, and I am in need of support to help alleviate this financial burden.

As a resident of [Your City or County], I have heard about the resources and assistance programs offered by your agency. I am seeking financial help to cover expenses related to [list specific expenses such as medications, doctor visits, hospital bills, etc.].

Enclosed with this letter, you will find documentation that includes my medical bills, records of treatment, and any pertinent financial information that outlines my current situation.

I truly appreciate any consideration you can provide regarding my request. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information or details.

Thank you very much for your time and assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]