

Letter of Appeal for Fee Waiver

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Agency Name]

[Agency Address]

[City, State, Zip Code]

Dear [Agency Representative's Name],

I am writing to formally appeal for a fee waiver for the services provided by [Agency Name]. Due to unforeseen medical expenses, my financial situation has changed significantly.

Despite my best efforts to manage my finances, I am currently facing high medical bills related to [briefly describe the medical condition or treatment, if comfortable]. As a result, I am struggling to afford the services offered by your agency.

Enclosed with this letter are copies of my medical bills and any relevant documents that outline my current financial situation. I kindly request your understanding and support in waiving the fees associated with the services I need.

Thank you for considering my appeal. I hope to continue receiving the necessary assistance from your agency during this challenging time.

Sincerely,

[Your Name]