

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Subject: Request for Financial Assistance with Medical Bills

Dear [Recipient's Name],

I hope this letter finds you well. My name is [Your Name], and I am writing to request financial assistance due to the overwhelming medical bills I am currently facing. [Briefly explain your medical situation, such as the illness or treatment you are undergoing, and include any relevant dates or incidents that led to the bills.]

As a result of these unforeseen medical expenses, I find myself in a challenging financial situation. [Explain your financial circumstances, such as job loss, reduced income, or other financial burdens that contribute to your inability to pay the bills.]

Attached are copies of my medical bills, along with any necessary documentation that supports my situation. I would be incredibly grateful for any assistance or advice you could provide regarding my situation.

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

Sincerely,

[Your Name]