

# Application for Patient Support Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Title]

[Organization/Institution Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request assistance through your patient support program. I am currently under treatment for [briefly describe condition] and am seeking support to help manage the associated medical expenses and other related costs.

Given my current situation, I would greatly appreciate any resources or assistance your program can provide. Specific areas where I need support include [list specific needs or requests, e.g., financial assistance, transportation, counseling services].

Thank you for considering my application. I hope to hear from you soon regarding the next steps. Please feel free to reach me at [your phone number] or [your email].

Sincerely,

[Your Name]