

# Letter of Appeal for Urgent Care Services Information

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

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

To: [Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

City, State, Zip Code: \_\_\_\_\_

Dear [Recipient's Name],

I am writing to formally request information regarding the urgent care services provided by your facility. As a resident of [Your Location], I have concerns regarding access to immediate medical attention in case of emergencies.

Specifically, I would appreciate details on the following:

- Operating hours for urgent care services
- Types of medical conditions you treat
- Insurance plans accepted
- Any necessary prerequisites for receiving care

Understanding this information is crucial for both my family and me. I would greatly appreciate your prompt response to this matter.

Thank you for your attention to this urgent request. I look forward to your swift response.

Sincerely,

[Your Name]