

Senior Citizen Discount Appeal Letter

Date: **[Insert Date]**

[Recipient's Name]

[Healthcare Service Provider's Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. My name is [Your Name], and I am a senior citizen currently receiving healthcare services from your esteemed facility. I am writing to formally request a reconsideration of my application for a senior citizen discount on my healthcare services.

As a senior citizen, I face numerous financial challenges, particularly when it comes to medical expenses. I believe that a discount on my healthcare services would greatly alleviate some of the financial burdens I experience.

Please consider my request based on my situation. I have attached the necessary documents for your review, including proof of age and income status.

Thank you for your understanding and consideration of my appeal. I look forward to your positive response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]