

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about the possibility of a fee waiver for my recent medical bills incurred at [Hospital/Clinic Name]. Due to [brief explanation of your financial situation], I am concerned about my ability to pay these expenses.

Could you please provide me with information regarding eligibility for a fee waiver, as well as the necessary documentation needed to apply for this assistance? I truly appreciate any help or guidance you can offer during this challenging time.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]