

Personal Statement for Charity Care Eligibility

Date: [Insert Date]

To Whom It May Concern,

My name is [Your Name], and I am writing to express my sincere request for consideration for charity care eligibility at [Name of Hospital/Organization]. I am currently facing financial difficulties due to [briefly explain your financial situation or medical circumstances], which has made it challenging for me to afford the necessary medical treatments.

Due to [specific reasons such as job loss, medical emergencies, etc.], I find myself in a position where I cannot cover my medical costs. I have looked into various options, but unfortunately, I have exhausted most resources available to me.

My health situation requires [briefly describe your medical condition and the treatment you need]. Without immediate assistance, my health may deteriorate, which could lead to further complications and increase my medical expenses.

I respectfully request that you consider my application for charity care so that I can receive the necessary medical attention without the added burden of overwhelming financial stress. I am including relevant documentation that supports my current financial situation and medical needs, which I hope will assist in your review of my request.

Thank you for taking the time to read my statement. I am hopeful for your understanding and support during this difficult time.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]