

# Request for Insurance Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to formally request assistance for my chronic medical condition, [Specify Condition], which requires ongoing treatment and support. My policy number is [Insert Policy Number].

Due to the persistent nature of my condition, I have incurred substantial medical expenses, including [Briefly list types of treatments or medications]. Despite my efforts to manage these costs, I find myself in need of financial assistance to continue receiving the necessary care.

I kindly ask that you review my situation and consider providing assistance to help cover the costs associated with my treatment. Enclosed are copies of my medical records, treatment plans, and any relevant documents to support my request.

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]