

Letter of Financial Distress

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Recipient's Institution/Organization]

[Recipient's Address]

[City, State, Zip Code]

Subject: Request for Assistance with Medical Bills

Dear [Recipient's Name],

I am writing to you to express my current financial distress, which has resulted from significant medical expenses. Due to unforeseen circumstances, I have been burdened with medical bills that I am struggling to pay.

[Briefly explain the situation, e.g., recent illness, accident, etc. Include any relevant details about your financial situation and why you are unable to pay the medical bills.]

As a result, I am reaching out to seek your understanding and assistance. I would appreciate any support you may offer, such as setting up a payment plan, reducing the overall amount owed, or any other options that may be available.

Thank you for taking the time to consider my request. I hope to hear from you soon, and I appreciate any assistance you can provide during this challenging time.

Sincerely,

[Your Name]