

Request for Charity Care

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

To Whom It May Concern,

I am writing to formally request consideration for charity care regarding my medical bills incurred from my recent treatment at [Hospital/Clinic Name]. My financial situation has made it exceedingly difficult for me to cover these expenses.

Details of my medical care are as follows:

- Patient Name: [Your Name]
- Date of Service: [Date of Treatment]
- Provider: [Provider's Name]
- Total Bill Amount: \$[Amount]

Due to [brief explanation of your financial situation, e.g., loss of job, limited income], I am unable to pay the medical bills. I would greatly appreciate your assistance in applying for charity care, which would greatly alleviate my financial burden.

Enclosed are copies of my financial documents for your review. I hope you will evaluate my situation and grant me the necessary support.

Thank you for your consideration.

Sincerely,

[Your Name]