

Request for Financial Assistance

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request financial assistance regarding my medical debt incurred from [specific medical treatment or condition] which took place on [date of treatment]. Due to [brief explanation of your financial situation], I am struggling to manage the costs associated with my medical bills.

The total amount of my medical debt is [total amount], and I have been unable to pay this due to [reason for inability to pay]. I have explored various options, but unfortunately, my current situation remains challenging.

I kindly request any available financial assistance or payment plans that your organization may offer to alleviate my financial burden. I have attached the necessary documentation that outlines my medical expenses and financial status for your review.

Thank you for considering my request. I am hopeful for your support in this matter and would greatly appreciate any assistance you can provide. I look forward to your positive response.

Sincerely,

[Your Name]