

# Request for Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: Patient Support Services

[Healthcare Facility/Organization Name]

[Facility Address]

[City, State, Zip Code]

Dear Patient Support Services Team,

I am writing to request assistance regarding my healthcare needs. My name is [Your Name] and I am currently a patient at your facility. My patient ID is [Patient ID].

Description of Request:

[Briefly describe the assistance you require, including any relevant details such as specific needs, challenges you are facing, and any deadlines or urgent matters.]

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

Sincerely,

[Your Name]