

Financial Assistance Request for Palliative Care

Date: [Insert Date]

To Whom It May Concern,

I am writing to request financial assistance for palliative care services for [Patient's Name], who is currently facing a serious medical condition. We are in need of support to ensure that [he/she/they] receives the necessary care to improve [his/her/their] quality of life.

[Patient's Name] has been diagnosed with [insert diagnosis] and requires palliative care which includes [list types of care needed, e.g., pain management, symptom relief, emotional support, etc.]. Unfortunately, our current financial situation makes it challenging to cover these essential services.

Enclosed are the relevant documents regarding [Patient's Name]'s condition, treatment plan, and any associated medical expenses. We are hopeful that your organization can assist us during this difficult time.

Thank you for considering our request. Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information or clarification.

Sincerely,

[Your Name]
[Your Address]
[City, State, Zip Code]