

# Letter of Appeal for Charity Care Consideration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Title/Position]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally appeal for consideration regarding charity care for my recent medical expenses incurred at [Name of Hospital/Clinic]. Due to [brief explanation of your financial situation], I am unable to cover these costs without significant hardship.

I have attached supporting documents that outline my financial situation, including [list attached documents, e.g., income statements, bills, etc.]. I respectfully request that you review my case for potential charity assistance, as I believe that my situation warrants consideration based on my circumstances.

Thank you for your time and consideration of my appeal. I look forward to your positive response and am hopeful for assistance during this challenging time. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any further information.

Sincerely,

[Your Name]