

# Application for Indigent Patient Care Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally apply for indigent patient care assistance due to my current financial circumstances. I am unable to afford the necessary medical treatments required for my health condition.

As a brief background, I [briefly explain your medical condition and the treatments needed]. Unfortunately, my financial situation has left me in a position where I cannot cover these expenses. I am currently [explain your financial situation, such as your income or lack thereof].

Attached to this letter are relevant documents, including [list any included documents, such as proof of income, medical records, etc.]. I respectfully request consideration for any available assistance programs that can help me access the medical care I urgently need.

Thank you for your attention to my situation. I look forward to your prompt response.

Sincerely,

[Your Name]