

Charity Care Application

Date: [Insert Date]

[Your Full Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]

To: [Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear [Recipient's Name or "Charity Care Committee"],

I am writing to formally request assistance through your charity care program. Due to [briefly explain your situation, e.g., medical condition, loss of income, etc.], I am currently unable to afford the necessary medical services.

My medical needs include [describe the medical services required], and I have been advised by my medical provider that these services are critical to my health and well-being.

Attached to this letter, you will find my completed charity care application form, along with supporting documentation that outlines my current financial situation, including [mention any included documents such as pay stubs, tax returns, etc.].

I appreciate your consideration of my request for assistance and hope to hear from you soon regarding the status of my application. Thank you for your time and for the important work you do for individuals in need.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]