

Financial Aid Request for Medical Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Medical Facility Name]

[Medical Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name or Financial Aid Office],

I am writing to formally request financial aid for medical services that I urgently need due to [brief explanation of your medical condition]. My current financial situation has made it exceptionally challenging for me to cover the costs associated with my treatment.

The total estimated cost of the services is [insert amount], and I am unable to afford these expenses because [provide reasons for your financial hardship, e.g., job loss, low income, etc.]. I have attached supporting documents including my income statement, medical bills, and any other relevant information for your review.

It is my hope that you will consider my request favorably. I am committed to adhering to the treatment plan prescribed by my doctor, and your assistance would greatly alleviate the burden and allow me to focus on my recovery.

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

Sincerely,

[Your Name]