

Financial Support Application

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request financial support for medical treatment on behalf of [Patient's Name]. Due to [brief explanation of the medical condition], we are seeking assistance to cover the costs of necessary treatments and procedures.

[Patient's Name] is currently experiencing [details about the condition, treatments needed, and any related circumstances]. Unfortunately, my financial situation, along with [explain any insurance limitations or other financial burdens], makes it difficult to afford the required medical expenses.

The total cost of the treatment is estimated to be [insert amount], and we are humbly asking for your support to cover [specific amount or percentage you are seeking]. This assistance will greatly alleviate the stress associated with [Patient's Name]'s condition and enable us to focus on recovery.

We have attached [list any supporting documents, such as medical bills, doctor's recommendations, and financial statements] for your reference.

Thank you for considering our request. We hope for your kind support in this challenging time.

Sincerely,

[Your Name]

[Your Address]

[Your Contact Information]

[Your Relationship to the Patient]