

Hardship Request for Hospital Services

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Admissions Office

[Hospital Name]

[Hospital Address]

[City, State, Zip Code]

Dear Admissions Office,

I am writing to formally request assistance regarding my medical expenses as I am facing significant financial hardship. My name is [Your Name], and I have been receiving treatment for [describe your condition or treatment briefly].

Due to [briefly explain your situation that caused hardship, such as loss of job, unexpected expenses, etc.], I am currently unable to cover the costs associated with my hospital services. My financial situation has made it challenging to meet my medical needs, and I fear that without assistance, my health will further decline.

I respectfully request a review of my financial situation and consideration for any available options for financial assistance, reduced payment plans, or charity care programs that your hospital may offer. I have attached supporting documents, including [list documents, e.g., tax returns, pay stubs, etc.], to demonstrate my current financial circumstances.

Thank you for your attention to this matter. I appreciate your understanding and assistance as I navigate this difficult situation. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]