

Need-Based Application for Hospital Care

Date: [Insert Date]

To,
The Admissions Officer,
[Hospital Name]
[Hospital Address]
[City, State, Zip Code]

Subject: Application for Need-Based Hospital Care

Dear Sir/Madam,

I am writing to formally request need-based hospital care for myself/[Patient's Name], who is currently suffering from [Brief Description of the Medical Condition]. Due to [Explain Financial Situation], I am unable to afford the necessary medical treatments and hospitalization expenses.

[Optional: Include any supporting details such as income, family situation, or any previous treatments.]

I kindly request your consideration for assistance in providing the required medical care. I am hopeful for your positive response to this urgent matter.

Thank you for your understanding and support.

Sincerely,
[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]