

# Request for Financial Assistance

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally request financial assistance for my medical expenses incurred at [Hospital Name]. Due to [brief explanation of your financial situation or medical condition], I am unable to cover the costs associated with my treatment.

My name is [Your Name], and I am a patient at [Hospital Name]. My patient ID is [Patient ID]. I have been receiving treatment for [specific condition] since [date], and unfortunately, my financial resources have been depleted.

Enclosed with this letter are copies of my medical bills, proof of income, and any other documents that may support my request. I am hopeful that you can assist me in this challenging time.

Thank you for considering my request. I look forward to your favorable response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]