

Premium Class Fare Inquiry for Medical Travel

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to inquire about premium class airfare options for a medical travel trip I am planning. I am scheduled to undergo treatment at [Insert Medical Facility/Location] from [Insert Start Date] to [Insert End Date].

Please provide me with the following information:

- Available premium class flights from [Departure City] to [Destination City]
- Fare details, including any medical travel discounts
- Flexible date options in case of changes to my treatment schedule
- Any special services available for medical passengers

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]