

Inquiry Regarding Medical Treatment Loan Eligibility

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I hope this message finds you well. My name is [Your Name], and I am writing to inquire about the eligibility criteria for medical treatment loans offered by [Name of Institution/Provider].

Due to [brief explanation of medical condition or circumstance], I am seeking financial assistance to cover my medical treatment expenses. I would appreciate it if you could provide information regarding the following:

- Eligibility requirements for the loan application.
- The application process and any necessary documentation.
- Loan terms, including interest rates and repayment options.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]