

# Medical Loan Application Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Lender's Name]

[Lender's Address]

[City, State, Zip Code]

Dear [Lender's Name],

I am writing to formally request a medical loan to cover my medical expenses for [specific medical condition or procedure]. The total estimated cost of the treatment is [amount], and unfortunately, it is more than I can afford to pay out of pocket.

Due to [brief explanation of the circumstances, e.g., unexpected health issue, loss of job], I find myself in need of financial assistance. I have attached the relevant medical documentation and cost estimates for your review.

I kindly request your consideration of my application for a loan of [amount] at a reasonable interest rate. I am committed to repaying this loan timely.

Thank you for considering my request. I am looking forward to your positive response.

Sincerely,  
[Your Name]