
Financial Hardship Letter for Medical Bills

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Medical Provider's Name]

[Title]

[Medical Provider's Organization]

[Provider's Address]

[City, State, ZIP Code]

Subject: Request for Financial Assistance for Medical Bills

Dear [Medical Provider's Name],

I am writing to request your assistance with my outstanding medical bills due to significant financial hardship. The medical services provided to me/my family members have resulted in bills that I am currently unable to pay.

Background:

[Briefly describe the medical treatments received and the circumstances that have led to your financial difficulties, such as loss of income, unexpected medical expenses, etc.]

Financial Details:

- **Monthly Income:** \$ _____
- **Monthly Expenses:** \$ _____
 - **Rent/Mortgage:** \$ _____
 - **Utilities:** \$ _____
 - **Food:** \$ _____
 - **Medical Expenses:** \$ _____
 - **Other:** \$ _____

Request:

I am requesting [specific type of assistance, such as a payment plan, reduction of charges, or financial aid]. This support would significantly ease the financial burden on my family and allow us to focus on recovery and maintaining our health.

Please let me know if any additional documentation or information is required to consider my request. I appreciate your understanding and cooperation in this matter.

Thank you for your time and assistance.

Sincerely,

[Your Signature]

[Your Name]