

Requesting financial assistance for medical expenses

Subject: Request for Medical Financial Assistance

Dear [Hospital/Charity Name],

I am writing to request financial aid for necessary medical treatment. I have been diagnosed with [medical condition], and the cost of treatment exceeds my current financial capacity.

Attached are my medical reports and financial statements for your review. Any assistance you can provide will relieve significant stress and allow me to access the required care promptly.

Thank you for considering my application and supporting those in need.

Kind regards,

[Your Name]

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