Serious medical financial assistance request

Subject: Request for Financial Assistance - Medical Services

Dear [Billing Department/Financial Counselor],

I am writing to formally request financial assistance for medical services received at your facility on [date(s)] under account number [account number].

Due to [medical condition/emergency situation], I required immediate medical attention that resulted in substantial bills totaling $[amount]. Unfortunately, my current financial situation makes it extremely difficult to pay this amount in full.

My circumstances include:

- Current monthly income: $[amount]
- Monthly essential expenses: $[amount]
- Insurance coverage limitations: [explanation]
- Other relevant financial hardships: [brief description]

I am committed to meeting my financial obligations and would like to explore options such as:

- Payment plan arrangements
- Reduced settlement amount
- Charity care program eligibility
- Any other assistance programs available

I have enclosed/attached documentation supporting my financial situation, including [list documents: pay stubs, tax returns, insurance statements, etc.].

The medical care I received was necessary and I am grateful for the professional treatment provided. I hope we can work together to find a manageable solution that allows me to honor this debt while maintaining my financial stability.

Please contact me at your earliest convenience to discuss available options. I am available [days/times] and can be reached at [contact information].

Thank you for your consideration and understanding.

Respectfully,

[Your Name]

[Date of Birth]

[Contact Information]

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