

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]
[Date]

[Recipient Name or Department]
[Company or Organization Name]
[Address]
[City, State, Zip Code]

Re: Medical Hardship Letter - [Your Account Number or Reference Number]

Dear [Recipient Name],

I am writing this letter to formally request a review of my financial situation due to a severe medical emergency and ongoing illness that has significantly impacted my ability to meet my financial obligations.

On [Date], I was diagnosed with [Name of Illness/Condition] or experienced a medical emergency involving [Brief Description of Emergency]. Due to the severity of this condition, I have undergone [mention surgeries, treatments, or hospitalizations].

This medical crisis has caused the following hardships:

- Loss of income due to [inability to work/extended medical leave].
- Substantial and unexpected medical expenses not covered by insurance.
- Ongoing costs for medication, therapy, and specialized care.

Enclosed with this letter, please find supporting documentation, including [list documents, such as doctor's letters, medical bills, or disability statements].

I am committed to fulfilling my obligations and would like to request [mention specific request, e.g., a payment plan, a temporary deferment, or a settlement]. I am hopeful that we can find a mutually agreeable solution during this difficult time.

Thank you for your time and for considering my request. I look forward to hearing from you soon.

Sincerely,

[Your Signature]

[Your Printed Name]