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

[Date]

[Name of Recipient/Organization]
[Department Name, e.g., Billing or Financial Assistance]
[Organization Address]
[City, State, Zip Code]

Re: Financial Hardship Letter for Dialysis Equipment - [Account Number, if applicable]

To Whom It May Concern,

I am writing to formally request financial assistance or a payment adjustment regarding the dialysis equipment required for my ongoing medical treatment. I have been diagnosed with [Name of Condition/End-Stage Renal Disease] and require regular dialysis to sustain my life.

Due to my medical condition, I am currently experiencing significant financial hardship. My situation is caused by the following factors:

- [Reason 1: e.g., Reduced ability to work or loss of employment]
- [Reason 2: e.g., High cost of medications and co-pays]
- [Reason 3: e.g., Limited fixed income from disability or social security]

The cost of the [Specific Equipment Name] is currently beyond my financial means. Attached to this letter, please find supporting documentation, including [list documents, e.g., proof of income, recent medical bills, or a letter from my nephrologist].

I am committed to my treatment plan and want to ensure I can continue to use this essential equipment. I am requesting that you consider one of the following options:

- A reduction in the total cost of the equipment.
- A long-term, interest-free payment plan.
- Information on any available grants or financial assistance programs.

Thank you for your time and for considering my request during this difficult time. I look forward to hearing from you regarding a possible solution.

Sincerely,

[Your Signature]

[Your Printed Name]