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

[Date]

[Recipient Name or Department]
[Insurance Company or Medical Facility Name]
[Address]
[City, State, Zip Code]

RE: Medical Hardship Request for Cardiac Monitoring Device
Patient Name: [Patient Full Name]
Policy/Account Number: [Number]

To Whom It May Concern,

I am writing to formally request a medical hardship waiver or a reduced payment plan regarding the costs associated with the prescribed cardiac monitoring device [Model Name/Type].

My physician, Dr. [Doctor's Name], has deemed this device medically necessary for the diagnosis and management of my cardiac condition, specifically [Name of Condition]. Continuous monitoring is essential to prevent life-threatening complications and to guide my ongoing treatment plan.

Currently, I am experiencing significant financial hardship due to [briefly state reason, e.g., loss of income, high medical debt, or fixed income]. The out-of-pocket cost of [Amount] for this device creates an insurmountable financial burden that prevents me from accessing this critical care.

I have attached the following documentation to support this request:
- A letter of medical necessity from my cardiologist.
- Recent proof of income or financial statements.
- A summary of current monthly medical expenses.

I am committed to my health and wish to follow my provider's recommendations. I respectfully ask for your assistance in reducing the cost, waiving the co-insurance, or establishing an affordable monthly payment arrangement.

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

Sincerely,

[Your Signature]

[Your Printed Name]