

Sample Charity Care Letter to a Health Care Provider #1: Discovering if a Program Exists

(Your Name)
(Your Address)
(Your City, State, Zip Code)

(Date)

(Health Care Provider Name)
(Provider Address)
(City, State, ZIP Code)

Dear (Sir/Madam, or name if available):

I am writing you because I am aware that many health care facilities offer financial assistance for patients who are uninsured or will otherwise have difficulty paying for medical care. I am wondering if (name of facility) offers a financial assistance program. If so, please send me an application.

Please also send me any information you can provide about eligibility criteria, how to apply, due dates, and any other information I might need to provide in order to obtain financial assistance from your health care center.

Thank you,

(Your Signature)

(Your Name)