

## Sample Charity Care Letter to a Health Care Provider #2: Application Already Submitted

(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):

Enclosed is a copy of my completed application for financial assistance. Thank you for offering a financial assistance program. I am uninsured [and/or] unable to pay for my medical care. As you probably know, being ill and needing medical care is stressful. This stress is only increased by past due medical bills which I cannot, at this time, afford to pay.

Please let me know if you need any more information to determine my eligibility for financial assistance. Thank you for your consideration of my request.

Sincerely,

(Your Signature)

(Your Name)