

Send to:

Vitality Ageless Center

1186 Satellite Blvd., Suite 200, Suwanee, GA 30024

records@vacwoundcarespecialists.com

Phone: (770) 614-6266

Fax: (678) 392-4827

Date:

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

To Whom It May Concern:

I hope this letter finds you well. I am writing to you today to explain the financial hardship I am facing due to my medical condition and to request assistance in managing my medical bills.

I have been a patient at Vitality Ageless Center for (duration of treatment) receiving treatment for (medical condition). My condition has been challenging, requiring extensive medical care, medications, and procedures. Due to the nature of my illness, I have been unable to work, resulting in a loss of income.

As a result, I am struggling to meet my financial obligations, including my medical bills. Despite my best efforts to budget and seek financial assistance, I find myself overwhelmed by the mounting expenses.

I am reaching out to you in the hope that Vitality Ageless Center can provide some form of financial assistance or a payment plan that would alleviate some of the financial burden. I am committed to honoring my financial obligations and will do everything in my power to meet any reasonable payment plan that can be arranged.

I kindly request that you consider my situation and provide me with guidance on how to proceed. Your understanding and assistance during this challenging time would be greatly appreciated.

Thank you for your time and consideration. I look forward to your response.

Sincerely,

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