

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

[Recipient's Name]  
[Recipient's Position]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request long-term care coverage for [Patient's Name], who has been diagnosed with [Diagnosis/Condition] and requires ongoing support and assistance. [Patient's Name] is [Age] years old and has been experiencing [brief description of health challenges].

As [Patient's Name]'s [relation such as "son/daughter" or "legal guardian"], I have been involved in their care and can attest to the growing need for professional assistance. [You may include specific details about daily challenges the patient faces and the type of care needed.]

I kindly request a comprehensive review of [Patient's Name]'s situation and consideration for a long-term care plan. Enclosed are relevant medical documents and assessments from [Healthcare Provider's Name] that provide further insight into their condition and care requirements.

Thank you for considering this request. I appreciate your attention to this matter and look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]