

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

[Pharmacy/Assistance Program Name]
[Pharmacy/Assistance Program Address]
[City, State, Zip Code]

Dear [Pharmacy/Assistance Program Director's Name],
I hope this letter finds you well. My name is [Your Name], and I am writing to request assistance with my prescription medication. I have been prescribed [Medication Name] for [Condition/Health Issue] by my doctor, [Doctor's Name], and I am currently facing financial difficulties that make it challenging for me to afford this medication.

I have explored various options, including my insurance coverage, but unfortunately, my plan does not provide sufficient benefits for this particular medication. As a result, I am seeking your help in obtaining the necessary prescription assistance, as it is crucial for my health and well-being.

Please find attached any necessary documentation, including my prescription, insurance information, and proof of income. If you require any additional information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter. I appreciate any assistance you can provide.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Typed Name]