

Medical Treatment Advance Refund Letter Template

Subject: Medical Advance Refund Request - Patient [Name]

Dear [Medical Facility/Doctor],

I am writing with a heavy heart to request a refund of the advance payment of \$[Amount] made on [Date] for [procedure/treatment]. Unfortunately, due to [deteriorating health condition/financial hardship/insurance approval issues], I am unable to proceed with the planned treatment.

I understand that you have policies regarding advance payments, but I am hoping you can consider my circumstances and provide a compassionate refund. This money represents a significant financial burden for my family during an already difficult time.

I have always been a loyal patient and would hate for this situation to affect our relationship. Please let me know if there are any options available or if you need additional documentation.

With sincere appreciation for your understanding,

[Patient Name]

[Patient ID/DOB]

[Contact Information]

Get more templates here:

<https://www.lettersandtemplates.com/letters/advance-amount-refund-request-letter>