LETTER OF SUPPORT

**[Today’s Date]**

Medicaid Representative 592 Capitol Avenue

Macon, Georgia 75021

**To Whom It May Concern,**

This letter is to request assistance for purchasing the medications I need to treat anxiety disorder. The medicine was prescribed by my specialist Leonard Hammond on January 19, 20XX

I was referred to your organization by my doctor because the medications I need to take for the rest of my life are too expensive for me to afford on my fixed retirement income. I understand that you give assistance to people who are eligible either by helping them pay for their medications or with free or very low-cost medicines.

I have completed the application form on your website and enclose a copy of it here. I have also enclosed a letter from my doctor stating that medicine is required for me to continue my everyday activities.

Also, I have enclosed a copy of my medical record regarding my disease including a copy of the prescription and my last three bank financial statements. As you can see, the cost of the medicine, which is $400, is a very high percentage of my monthly income. Thank you for your attention to this matter. I can be reached at +1 283-291-4930 or at **[Email Address]** if you have any questions or require more information. I hope to have a favorable reply from you soon.

Sincerely,

**[Signature]**Sally Sullivan