

APPEAL LETTER

Date: 14/03/2023

To,
Sood Charity Foundation
405-406, Casa Blanca Apartment,
Yamuna Nagar, Oshiwara,
Azad Nagar Andheri West, Mumbai

Subject: Help required for Hospital/Medical payment

Respected Sir/Ma'am,

I, Patient/Relative Name: Ambika Choudhary needs help to pay
Hospital/Medical bills payment:

Patient Name: Dinesh Choudhary

Patient Address: Choudhary Krishi Farm, Jaipur Road, Umsain, Alwar -

Mobile no.: 7597364147, 7597364134 301001

Diagnosis: Interstitial Lung Disease with Respiratory failure

Hospital or Medical Name: RIMS HOSPITAL, HYDERABAD

Total bill amount: Rs. 90,00,000

Amount paid: Rs. 15,00,000

Outstanding (pending) amount: Rs. 75,00,000

SCF support amount: Rs. _____

Reason for unable to make the payment: _____

All savings exhausted in ongoing treatment
and Air ambulance transfer.

Please issue payment in the name of the Hospital/Medical for any amount of financial assistance towards above amount payable. The Hospital/Medical Bank Account details for NEFT/RTGS as under:

1. Name of Bank Account :
2. Bank Account Number:
3. Bank Name:
4. IFSC Code:
5. Branch Name:

It's my humble request to kindly help me in paying my bills.

Thanking you.

Patient/Relative Name: Ambika Choudhary

Patient/Relative Sign: Ambika

Documents required:

1. Patient & Relatives - KYC (PAN/Aadhar card) of both required
2. Doctors Prescription with Patient's Name
3. Cancelled cheque or Photo of Bank details of Hospital/Medical Store