[Date]

**Name of Current Chapter President, M.D., FPCP**

President

PCP Chapter of [name of chapter]  
[Address]

Dear Dr. *[Last Name of President]*,

This is a Letter of Request for medical assistance. I am practicing as an [e.g., internist and cardiologist] at [state institution e.g., Philippine General Hospital] for [*state number of years e.g., eight years since 2008*]. I have been unable to practice for a continuous period of [state the number of days] due to …. [please elaborate on the nature of your disability].

In this regard, I would like to request for financial assistance as disability benefit of a PCP Diplomate or PCP Fellow in good standing of the college

Please find enclosed/attached herewith are the required documents to prove veracity of my disability.

I look forward to your favourable consideration.

Thank you.

Sincerely,

Name of Claimant

[Postal Mailing Address]

[Viber Contact Number/iMessenger ID, if any]

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[Please do not include the part below the broken lines in your final letter]

*Required Documents:*

1. *Medical Certificate duly signed by attending physician*
2. *Medical Certificate from Hospital of confinement.*
3. *Copy of any Blood Examinations or ancillary procedures.*