

[Date]

[Applicant Name]

[Applicant Address]

[City, State, Zip Code]

Subject: Loan Application Status - [Application Number]

Dear [Applicant Name],

Thank you for submitting your application for a Medical Hardship Loan. We understand that medical expenses can be a significant burden, and we appreciate the opportunity to review your request.

After a thorough review of your application and the supporting materials provided, we regret to inform you that we are unable to approve your request at this time. Our decision is based on the following reason:

Unverified Medical Hardship: The documentation provided was insufficient to verify the medical necessity or the financial impact required under our current lending guidelines. Specifically, we were unable to confirm [Insert specific missing detail, e.g., the total outstanding balance, the provider's signature, or the date of service].

If you are able to obtain the necessary documentation or if your circumstances change, you are welcome to submit a new application for further consideration. We recommend ensuring that all future submissions include certified medical invoices and formal verification from your healthcare provider.

If you have any questions regarding this decision, please contact our review department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Department]

[Organization Name]