

Letter of Representation

Date: [Insert Date]

[Your Name]
[Your Title]
[Your Firm/Organization Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Recipient Name]
[Recipient Title/Position]
[Department/Organization Name]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally notify you that I represent [Client's Name], who is applying for Medicaid assistance. This letter serves as notice of my representation regarding the Medicaid application process.

Please direct all communications regarding this matter to my office. I am committed to assisting my client with all necessary documentation and ensuring compliance with Medicaid requirements.

If you have any questions or require further information, feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Name]
[Your Title]