

# Home Health Care Services

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Dear [Patient Name],

We are pleased to inform you that you are eligible for our home health care services, which include a range of rehabilitation therapies tailored to your needs. Our dedicated team of professionals is committed to supporting your recovery journey in the comfort of your own home.

Our services include:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Patient Education and Support

Please feel free to reach out to us at [Phone Number] or [Email Address] for any questions or to schedule your first appointment. We look forward to assisting you in your rehabilitation journey.

Sincerely,

[Your Name]

[Your Title]

[Home Health Care Agency Name]

[Agency Address]

[City, State, Zip Code]