

# Notification of Patient Assistance Enrollment

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to inform you that your application for the Patient Assistance Program has been received. Our team is currently reviewing your documents and personal information to ensure your enrollment into the program.

If you have any questions or require further assistance during this process, please do not hesitate to contact our support team at [Phone Number] or [Email Address].

Thank you for choosing [Organization's Name]. We are here to support you.

Sincerely,

[Your Name]

[Your Title]

[Organization's Name]

[Organization's Address]

[Phone Number]

[Email Address]