

# Patient Financial Counseling Recommendations

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Insert Patient Name],

We appreciate your recent visit and want to ensure you are aware of financial counseling resources to assist you with your healthcare expenses.

## **Recommendations:**

1. **Schedule a Consultation:** Contact our financial counseling office at [Insert Phone Number] to schedule a meeting.
2. **Review Financial Assistance Programs:** Explore available programs like Medicaid, charity care, and payment plans.
3. **Gather Necessary Documents:** Be prepared with income statements, recent tax returns, and medical bills.
4. **Understand Your Insurance Coverage:** Review your health insurance policy to know your benefits and potential out-of-pocket costs.
5. **Set a Budget:** Create a personal budget to manage medical expenses more effectively.

If you have any questions or need further assistance, please do not hesitate to reach out to our office.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Institution Name]

[Contact Information]