

# Medical Care Advocate Assignment

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

I am writing to formally assign myself as your Medical Care Advocate. In this role, I will assist you in navigating the healthcare system, ensuring that your medical needs are addressed promptly and with the utmost care.

As your advocate, I will:

- Help coordinate your medical appointments and treatments.
- Communicate with healthcare professionals on your behalf.
- Ensure that your questions and concerns are addressed.
- Assist in understanding medical bills and insurance coverage.

Please feel free to reach out to me at [Your Phone Number] or [Your Email Address] if you have any questions or need immediate assistance.

Thank you for placing your trust in me as your Medical Care Advocate.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Contact Information]