

# Welcome to Our Home Health Services

Dear [Patient's Name],

We are pleased to inform you that you have been accepted for enrollment in our home health services program. Our team is committed to providing you with the highest quality of care in the comfort of your own home.

## Services Offered:

- Skilled Nursing Care
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Home Health Aide Services

## Next Steps:

Please complete and return the enclosed enrollment forms at your earliest convenience. Once we receive your forms, our care coordinator will contact you to schedule an initial assessment.

If you have any questions, feel free to reach out to us at [Phone Number] or [Email Address]. We look forward to working with you and supporting your health journey.

Warm regards,

[Your Name]

[Your Title]

[Home Health Agency Name]

[Agency Address]

[Phone Number]

[Email Address]