

Patient Support Services Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to inquire about the patient support services available at [Hospital/Organization Name]. As a [patient/caregiver/family member] of [patient's name or "a patient"], I would like to learn more about the resources and assistance that can help us through this journey.

Specifically, I am interested in the following:

- Information on counseling services
- Support groups for patients and families
- Financial assistance programs
- Transportation services to and from appointments

If there are additional services or resources that I may not have mentioned, I would greatly appreciate any information you can provide.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]