

Patient Eligibility Verification Request

Date: [Insert Date]

To Whom It May Concern,

I am writing to request verification of eligibility for government assistance programs for my patient, **[Patient's Full Name]**, who was born on **[Patient's Date of Birth]** and resides at **[Patient's Address]**.

As part of the application process for the following programs:

- [Program Name 1]
- [Program Name 2]
- [Program Name 3]

We need to confirm the patient's eligibility based on the criteria established for these programs. Attached you will find necessary documentation including:

- Proof of Income
- Identification
- Medical History

Please process this request at your earliest convenience and notify us of the eligibility status. If you require any additional information or documentation, feel free to contact me directly at **[Your Phone Number]** or **[Your Email Address]**.

Thank you for your assistance in this matter.

Sincerely,

[Your Full Name]

[Your Title]

[Your Institution/Practice Name]

[Your Phone Number]

[Your Email Address]