

Patient Liaison Services Contact Information

Date: [Insert Date]

To Whom It May Concern,

We are here to assist you with any concerns or inquiries related to your healthcare experience.

Contact Information:

Office Hours: Monday to Friday, 8:00 AM - 5:00 PM

Phone: (123) 456-7890

Email: liaisonservices@example.com

Office Location: 123 Healthcare Lane, City, State, ZIP

For urgent matters, please feel free to contact us at the phone number provided, and we will respond promptly.

Thank you for choosing our services. We look forward to assisting you.

Sincerely,

[Your Name]

[Your Title]

Patient Liaison Services