

# Patient Liaison Assistance

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you that our Patient Liaison team is available to assist you with any inquiries or concerns regarding your healthcare services.

If you require assistance, please do not hesitate to reach out to us directly at:

Phone: [Direct Line Number]

Email: [Direct Line Email]

Our team is dedicated to providing you with the support you need for a smooth and comfortable healthcare experience.

Thank you for choosing our services.

Sincerely,

[Your Name]

[Your Position]

[Organization Name]

[Contact Information]