(Date of Letter)

(Hospital/Care Provider)

(Street Address)

(City, State and Zip Code)

RE: Nursing Care Report

Attn: Office Administrator

Dear Office Administrator:

From the day of (month/year), until the day of (month/year),

(name of individual) received nursing care from your facility, pursuant to a contract for specific care. To date, I have not received reports relative to the care. It was my understanding that routine reports would be provided relative to care at your facility. In order for me to satisfy my personal concern relative to the nursing care and in regard to insurance coverage, as well as appropriate tax deductions, it will be necessary for me to receive timely reports from your office. Accordingly, I would appreciate a report from your facility indicating the degree of nursing care received by the aforementioned individual during the period of time noted above. As you know, I am the responsible party for the aforementioned individual and the party to whom your nursing care report should be provided. Should you have any questions relative to this matter, or relative to my need for the report, do not hesitate to contact the undersigned. Thank you for your kind efforts and cooperation in providing the requested report.

Very truly yours,

(Signature)

(Address)

(City, State and Zip Code)

(Phone Number)

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