

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Insurance Benefit Exhaustion and Discharge Planning

Dear [Patient Name],

This letter is to formally notify you that your insurance coverage for inpatient rehabilitation services through [Insurance Provider Name] will reach its maximum benefit limit on [Benefit End Date].

Because your insurance benefits will be exhausted as of that date, your formal discharge from [Facility Name] is scheduled for [Discharge Date].

Our clinical team has developed a transition plan to ensure you continue to receive necessary care. Your discharge plan includes the following:

- **Destination:** [e.g., Home, Assisted Living, Skilled Nursing Facility]
- **Home Health/Outpatient Care:** [List agencies or clinics if applicable]
- **Equipment:** [List any medical equipment ordered]
- **Follow-up Appointments:** [List dates and provider names]

If you wish to remain at this facility past the date mentioned above, you will be responsible for the private pay rate of \$[Amount] per day. Please contact our Billing Department at [Phone Number] if you wish to discuss financial arrangements or if you believe there has been an error regarding your benefit status.

We have enjoyed participating in your recovery and wish you the best in your continued rehabilitation.

Sincerely,

[Signature]

[Name of Case Manager/Administrator]

[Facility Name]

[Contact Phone Number]