

Important Announcement: Patient Insurance Fee Schedule

Dear Valued Patients,

We are writing to inform you of the updated insurance fee schedule effective **[Effective Date]**. Please review the following details regarding our new insurance fees:

Updated Fee Schedule

| Procedure | Previous Fee | New Fee | Insurance Coverage |
|----------------------|--------------|---------|--------------------|
| General Consultation | \$100 | \$120 | Covered |
| X-Ray | \$75 | \$90 | Covered |
| Blood Test | \$50 | \$60 | Partially Covered |

If you have any questions regarding the new fee schedule, please do not hesitate to contact our office at **[Phone Number]** or email us at **[Email Address]**.

Thank you for your understanding and continued trust in our medical services.

Sincerely,

[Your Name]
[Your Position]
[Practice/Facility Name]
[Contact Information]