

Important Announcement: Changes to Patient Coverage

Dear Valued Patient,

We hope this message finds you well. We are writing to inform you of upcoming changes to your healthcare coverage that will take effect on [effective date].

As part of our commitment to providing you with the highest quality of care, we regularly evaluate our coverage plans. Effective [effective date], the following changes will be implemented:

- **Coverage Plan Changes:** [Brief description of changes in coverage]
- **New Provider Network:** [Information about any new or updated provider network]
- **Cost Adjustments:** [Information regarding any changes in co-pays, deductibles, etc.]

If you have any questions or concerns regarding these changes, please do not hesitate to contact our office at [phone number] or [email address]. Our team is here to assist you.

Thank you for your continued trust in us for your healthcare needs.

Sincerely,

[Your Name]
[Your Title]
[Your Organization]
[Contact Information]