

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you of some adjustments to your health plan that will take effect on [Effective Date].

Summary of Adjustments:

- **Service/Benefit:** [Description of Service/Benefit]
- **New Coverage Details:** [Details of adjustments]
- **Reason for Adjustment:** [Brief explanation]

Please review these changes carefully to understand how they may affect your healthcare services. For your convenience, we have also attached a detailed document regarding your health plan adjustments.

Next Steps:

If you have any questions or would like to discuss your health plan further, please do not hesitate to reach out to our customer service team at [Customer Service Phone Number] or email us at [Customer Service Email Address].

Thank you for being a valued member of our healthcare family.

Sincerely,

[Your Name]

[Your Position]

[Company/Organization Name]

[Contact Information]