## **Dear Valued Patient,**

We hope this message finds you in good health. We are writing to inform you of the updated health insurance guidelines that will take effect on [Effective Date].

## **Key Updates:**

- Coverage Changes: [Brief description of changes in coverage]
- Copayment Adjustments: [Details on copayment changes]
- Eligibility Criteria: [Updated eligibility information]
- Preventive Care: [Information on preventive services covered]

For a comprehensive overview of the updated guidelines, please visit our website at [URL] or contact our office at [Phone Number].

Thank you for trusting us with your healthcare needs.

Sincerely,

[Your Name] [Your Title] [Your Institution] [Contact Information]