

[Integrated Care Partnership Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

[Recipient Name]

[Recipient Address Line 1]

[Recipient Address Line 2]

[Recipient City, State, Zip Code]

Dear [Recipient Name],

We are pleased to inform you about our ongoing efforts within the Integrated Care Partnership aimed at improving health outcomes for our community. Our collaboration between [list of partner organizations] allows us to address the needs of our patients more effectively.

We would like to invite you to participate in our upcoming meeting scheduled for [date] at [location] where we will discuss our current initiatives, gather feedback, and explore further collaboration opportunities.

Please confirm your attendance by [RSVP date] by contacting [contact person] at [contact information].

Thank you for your ongoing commitment to enhancing the health and well-being of our community.

Sincerely,

[Your Name]

[Your Title]

[Integrated Care Partnership Name]