

Cardiology Appointment Confirmation

Date: [Appointment Date]

Dear [Patient's Name],

This letter is to confirm your appointment with Dr. [Doctor's Name] in our cardiology department. Below are the details regarding your visit:

Appointment Details

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name, Address]

Insurance Information

Please bring your current insurance card to the appointment. Below are the details we have on file:

- **Insurance Provider:** [Insurance Company Name]
- **Policy Number:** [Policy Number]
- **Subscriber Name:** [Subscriber's Name]

If you have any changes in your insurance details or if you are unsure about the coverage for cardiology services, please contact our office at [Office Phone Number] prior to your appointment.

Thank you, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]