

# Important Notification: Policy Changes in Our Orthopedic Service

Date: [Insert Date]

Dear [Patient/Client Name],

We are writing to inform you about important changes to our orthopedic service policies that will take effect as of [Effective Date]. These changes are designed to enhance our service delivery and improve patient care.

## Summary of Changes:

- **Appointment Scheduling:** All appointments must now be scheduled 48 hours in advance.
- **Cancellation Policy:** Cancellations must be made at least 24 hours prior to your appointment to avoid a cancellation fee.
- **Insurance Processing:** Patients are required to provide updated insurance information at least one week before their scheduled appointments.
- **Payment Policy:** Co-pays are due at the time of service. We accept various forms of payment including credit cards.

We understand that change can be challenging, and we are here to assist you. If you have any questions or concerns regarding these policy changes, please do not hesitate to reach out to our office at [phone number] or [email address].

Thank you for your understanding and continued support.

Sincerely,

[Your Name]

[Your Title]

[Orthopedic Service Name]

[Contact Information]