Practice Name

Dr. Name

Address

City, State zip

Date:

Dear *Insert* *Patient Name*;

According to our records you have not been in to see Dr. within the last year, as your provider we are concerned about your health care. Please call the office at the above number to schedule a check-up appointment.

We would like to become your Patient Centered Medical Home. Enclosed you will find a letter explaining this and a copy of our Patient Provider Partnership Agreement.

We look forward to serving your medical needs.

Sincerely,

Dr. Name

Practice Name