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| --- | --- |
| [Insert Clinic Logo] | [Clinic Name] |
| [Clinic Address] |
| [Clinic Phone] |
| [Clinic Website URL] |

**[Date]**

Attention New-to-Medicare patients:   
Important insurance information

Dear [Patient name],

Our records indicate that you will soon be eligible for Medicare. This is an important transition and requires you to make some key decisions about your healthcare insurance coverage. Our goal at [clinic name] is to make sure you have the information you need to make sure you have the best coverage for your healthcare needs.

We know that Medicare is not one-size-fits-all. That’s why we accept traditional Medicare, many commercial retiree plans, as well as a range of Medicare Advantage plans including:

|  |  |
| --- | --- |
| * Carrier/Plan One | * Carrier/Plan Five |
| * Carrier/Plan Two | * Carrier/Plan Six |
| * Carrier/Plan Three | * Carrier/Plan Seven |
| * Carrier/Plan Four | * Carrier/Plan Eight |

We also know that Medicare can be confusing. Part A, Part B, Part C, Part D, Medicare Supplements. HMO and PPO. Premiums, penalties, copays and coinsurance. It’s a lot to sort through. That’s why we work with local, independent health insurance professionals to help our patients review their plan options and make sure every patient has the right plan to meet their needs. These licensed professionals can work with you one-on-one to review your unique situation, help evaluate your needs and recommend plans that provide the best coverage for you. We offer this opportunity purely as a courtesy to our patients.

If you would like to take advantage of this opportunity to work with a licensed professional or attend an in-person or virtual education session, please contact   
[Name of agent] with [Name of agency] by calling [phone number] or by email at   
[email address] or by going to [website].

You can also find helpful information at www.medicare.gov or call  
1-800-MEDICARE to learn more about your Medicare and Medicare Advantage options.

As always, the staff here at [clinic name] can answer any follow-up questions you have. We look forward to providing you with the best care and support on your health journey.

Sincerely,

[PCP Signature block]

[Consider including a business card for the referenced agent]