

[Date]

[Patient Name]

[Address]

[City, State, Zip Code]

Subject: Reminder: Your Annual Well-Woman Exam is Covered

Dear [Patient Name],

This is a reminder to schedule your annual well-woman preventive care visit. Staying proactive with your health is the best way to detect potential issues early.

As part of your insurance benefits, one preventive well-woman exam is typically covered every 12 months at no cost to you (no co-pay or deductible) when seeing an in-network provider. Please verify your specific plan details with your insurance carrier.

This visit may include:

- Physical exam and breast exam
- Pelvic exam and Pap smear (based on age and history)
- Review of immunizations
- Contraception and reproductive health counseling
- Health screenings for blood pressure or cholesterol

To schedule your appointment, please call our office at [Phone Number] or visit our online portal at [Website/Link].

We look forward to seeing you soon.

Sincerely,

[Doctor/Clinic Name]

[Practice Name]

[Phone Number]