

[Practice Name]  
[Practice Address]  
[Phone Number]  
[Website Address]

[Date]

[Patient Name]  
[Patient Address]

Dear [Patient Name],

Welcome to [Practice Name]. Thank you for choosing us for your healthcare needs. We are committed to providing you with high-quality medical care in a comfortable and professional environment.

### **Practice Hours**

Our office is open during the following hours:

Monday - Friday: [Opening Time] to [Closing Time]

Saturday: [Opening Time] to [Closing Time]

Sunday: Closed

### **Appointments and Cancellations**

To schedule an appointment, please call [Phone Number] or use our online portal at [URL]. If you need to cancel or reschedule, we require at least [24/48] hours' notice to avoid a cancellation fee.

### **What to Bring to Your First Visit**

Please arrive 15 minutes early for your first appointment and bring the following:

- A valid photo ID
- Your current insurance card
- A list of current medications and dosages
- Completed new patient forms (enclosed or available online)

### **Insurance and Billing**

Co-payments and deductibles are due at the time of service. We accept [List major insurance providers or payment methods]. For billing inquiries, please contact our billing department at [Billing Phone Number].

### **After-Hours Care**

If you have a medical emergency, please dial 911 immediately. For urgent matters after hours that cannot wait until the next business day, please call our main office line to reach the on-call provider.

We look forward to meeting you and helping you maintain your health.

Sincerely,

[Provider Name/Practice Manager]

[Practice Name]