

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Enrollment in the Chronic Disease Management Program

Dear [Patient Name],

We are writing to formally welcome you to the Chronic Disease Management (CDM) Program at [Clinic/Hospital Name]. Based on your recent health assessment, you have been enrolled in this program to help you better manage [Specific Condition, e.g., Diabetes, Hypertension].

The goal of this program is to provide you with personalized support, regular monitoring, and the tools necessary to improve your quality of life and prevent future complications.

As a participant in this program, you will receive:

- A personalized care plan tailored to your health needs.
- Regular check-ins with our chronic care coordination team.
- Educational resources regarding medication, diet, and lifestyle.
- Coordination of laboratory tests and specialist referrals.

Your first appointment with your Care Coordinator is scheduled for:

Date: [Date]

Time: [Time]

Location: [Location/Telehealth Link]

Please bring all your current medications or a complete list of them to this appointment. If you need to reschedule, please contact us at [Phone Number] at least 24 hours in advance.

We look forward to working with you to achieve your health goals.

Sincerely,

[Provider Name/Program Coordinator]

[Department Name]

[Clinic/Hospital Name]