

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Appointment Reminder and Insurance Verification Requirements

Dear [Patient Name],

This is a reminder of your upcoming appointment with [Provider/Clinic Name] scheduled for:

**Date:** [Date of Appointment]

**Time:** [Time of Appointment]

**Location:** [Office Address/Suite Number]

To ensure a smooth check-in process, we must verify your insurance coverage prior to your visit. Please provide the following documentation:

- A copy of your current insurance card (Front and Back).
- A valid government-issued photo ID.
- A formal referral from your primary care physician (if required by your plan).

Please upload these documents via our secure portal at [Insert Link] or email them to [Insert Email Address] at least 48 hours before your appointment. If your insurance information has changed since your last visit, please notify us immediately.

**Important Note:** You are responsible for any co-payments, deductibles, or non-covered services at the time of your visit. We recommend contacting your insurance provider to confirm your specific benefits and network status.

If you need to cancel or reschedule, please provide at least [Number] hours' notice to avoid a cancellation fee.

We look forward to seeing you.

Sincerely,

[Staff Name/Department]

[Provider/Clinic Name]

[Phone Number]

[Website]