

**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]

**Address:** [Insert Address]

**Subject: Chronic Care Management (CCM) Appointment and Documentation Reminder**

Dear [Patient Name],

This letter is a reminder of your upcoming Chronic Care Management (CCM) appointment scheduled for:

**Date:** [Insert Appointment Date]

**Time:** [Insert Appointment Time]

**Location/Method:** [Insert Office Address or "Telehealth/Phone Call"]

Our Chronic Care Management program is designed to help you manage your ongoing health conditions and improve your quality of life between regular office visits. To ensure we provide the best care possible, we need to update your records.

**Please complete the following items:**

- Review and sign the enclosed **CCM Consent Form** (if not already on file).
- Update your **Current Medication List**, including dosages and frequencies.
- Complete the **Health History Questionnaire** included with this letter.

Please bring the completed paperwork to your appointment or mail it back to our office using the provided envelope before your scheduled call.

If you need to reschedule or have questions regarding your care plan, please call us at [Insert Phone Number].

We look forward to speaking with you and supporting your health goals.

Sincerely,

[Provider/Clinic Name]

[Phone Number]

[Website]