

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Practice Name]. We are honored that you have chosen our concierge medical practice for your healthcare needs. Our goal is to provide you with a highly personalized, proactive, and seamless medical experience.

As a VIP member, you now have access to the following exclusive benefits:

- **Direct Access:** You can reach Dr. [Doctor's Last Name] directly via [cell phone/private email] for urgent matters.
- **Extended Appointments:** We ensure ample time for every visit so all your concerns are addressed without rushing.
- **Same-Day or Next-Day Scheduling:** Priority booking for all your appointments.
- **Coordination of Care:** We personally manage your referrals and communication with top specialists.
- **Comprehensive Wellness Planning:** An annual in-depth physical and personalized health roadmap.

Next Steps:

Our Patient Coordinator, [Name], will contact you shortly to schedule your initial Comprehensive Wellness Evaluation. In the meantime, please find your membership ID card and our direct contact directory enclosed.

If you have any immediate questions, please contact our private member line at [Phone Number].

We look forward to partnering with you on your journey to optimal health.

Sincerely,

[Doctor's Name/Signature]

[Practice Name]