

[Date]

[Member Name]

[Address]

[City, State, Zip]

## Welcome to [Clinic Name]

Dear [Member Name],

It is a pleasure to welcome you to [Clinic Name]. We are honored that you have chosen us to manage your health and wellness. Our mission is to provide you with proactive, personalized, and comprehensive medical care that goes beyond the standard clinical experience.

As a member of our advanced concierge program, you now have access to the following exclusive benefits:

- **Direct Access:** 24/7 availability via private cell phone and secure messaging.
- **Same-Day Appointments:** Guaranteed priority scheduling with minimal to no wait times.
- **Extended Consultations:** In-depth visits to address all aspects of your physical and mental well-being.
- **Coordination of Care:** Seamless management of specialist referrals and hospital transitions.
- **Preventative Focus:** Advanced screenings and personalized wellness planning.

### Your Next Steps:

Our Patient Coordinator will contact you shortly to schedule your Comprehensive Baseline Assessment. This initial visit allows us to establish your health goals and build your customized care plan.

In the meantime, please save our private member line in your contacts: **[Phone Number]**. You may also access your private health portal at **[URL]** using the temporary credentials provided in your registration packet.

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

Sincerely,

[Physician Name, Degree]

[Clinic Name]

[Email Address]

[Phone Number]