

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Welcome to [Name of Medical Practice/Platform]

Dear [Patient Name],

Welcome to [Name of Medical Practice]. We are pleased you have chosen us for your virtual healthcare needs. This letter provides essential information to help you navigate our online services.

1. Accessing Your Patient Portal

To schedule appointments and message your provider, please log in to our secure portal at: [Insert URL]. Your username is your email address. If this is your first time, please click "Forgot Password" to set up your credentials.

2. Virtual Visit Requirements

For a successful telehealth consultation, please ensure:

- You have a stable internet connection.
- You are in a private, quiet, and well-lit room.
- Your camera and microphone are enabled on your device.

3. Prescriptions and Refills

Requests for prescription refills should be submitted through the patient portal. Please allow [Number] business days for processing. All prescriptions will be sent electronically to your pharmacy on file.

4. Communication Policy

For non-urgent medical questions, please use the secure messaging feature in the portal. Our team typically responds within [Number] hours. In the event of a life-threatening medical emergency, please call 911 immediately or go to the nearest emergency room.

5. Billing and Insurance

Co-pays and session fees are due at the time of service via our online payment system. Please ensure your insurance information is updated in the portal prior to your first appointment.

We look forward to partnering with you in your health journey.

Sincerely,

[Provider Name/Signature]

[Title/Credentials]

[Name of Medical Practice]

[Phone Number]

[Website URL]