[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

My name is [Navigator Name] and I am your designated Patient Navigator at [Facility/Organization Name]. I am writing to formally introduce myself and offer our support as you begin your treatment journey.

The goal of our Patient Navigation program is to help you overcome any barriers to receiving timely and effective care. We are here to assist you with the following:

- Understanding your diagnosis and treatment plan.
- Coordinating appointments with specialists and diagnostic services.
- Assisting with health insurance authorizations and financial assistance resources.
- Connecting you with transportation or housing support if needed.
- Providing emotional support and referrals to counseling or support groups.

Your first navigation meeting is scheduled for:

Date: [Date]
Time: [Time]
Location/Method: [In-person Address or Phone/Video Link]

If you need to reschedule or have immediate questions regarding your upcoming appointments, please contact me directly at [Phone Number] or via email at [Email Address].

We are committed to supporting you every step of the way. We look forward to working with you.

Sincerely,

[Signature]
[Typed Name]
[Title]
[Department Name]