

[Date]

Dear [Patient Name],

Welcome to [Urgent Care Clinic Name]

Thank you for choosing [Urgent Care Clinic Name] for your immediate healthcare needs. We are committed to providing you with high-quality, efficient medical care when you need it most.

What to Expect During Your Visit

- **Check-in:** Please provide your photo ID and insurance card at the front desk.
- **Triage:** A staff member will record your vital signs and discuss your symptoms.
- **Treatment:** You will be seen by a healthcare provider in the order of medical priority and arrival.
- **Discharge:** You will receive a summary of your visit and any necessary prescriptions or follow-up instructions.

Hours and Services

We are open [Days of Operation] from [Opening Time] to [Closing Time]. We provide treatment for non-life-threatening conditions, including minor injuries, illnesses, vaccinations, and basic lab testing.

Billing and Insurance

Co-pays and payments for non-covered services are due at the time of your visit. We will bill your insurance provider directly for the remaining balance.

If you have any questions, please feel free to ask our staff or call us at [Phone Number].

Sincerely,

The Staff at [Urgent Care Clinic Name]
[Address]
[Website Address]

Note: If you are experiencing a life-threatening emergency, please call 911 or go to the nearest Emergency Room immediately.