

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to the [Organization Name] Comprehensive Care Partnership. We are pleased to have you as a member of our integrated health network.

Our partnership is designed to provide you with a seamless healthcare experience by coordinating your medical needs across our team of specialists, primary care providers, and support staff. Our goal is to ensure you receive personalized, high-quality care tailored to your specific health goals.

**As a member of this partnership, you have access to:**

- A dedicated Care Coordinator to help navigate your treatment plan.
- 24/7 access to our clinical advice line.
- Shared electronic health records for better communication between your doctors.
- Priority scheduling for preventive screenings and follow-up visits.

Enclosed you will find your membership folder, which includes a directory of participating providers and instructions on how to access our patient portal.

We look forward to partnering with you on your journey to better health. If you have any immediate questions, please contact our Member Services office at [Phone Number].

Sincerely,

[Sender Name]

[Title]

[Organization Name]