

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Information Regarding Your Healthcare - Practice Merger

Dear [Patient Name],

We are writing to formally notify you that [Current Practice Name] will be merging with [New/Merging Practice Name], effective [Date of Merger].

Our commitment to providing you with high-quality medical care remains our top priority. This merger will allow us to offer expanded services, improved technology, and more comprehensive care options.

What this means for you:

- **Location:** Starting [Date], your appointments will be held at [New Address/Same Address].
- **Your Provider:** [Dr. Name/Healthcare Provider] will continue to provide your care at the new location.
- **Medical Records:** Your medical records will be securely transferred to the merged practice automatically to ensure continuity of care.
- **Insurance:** We will continue to accept most major insurance plans. Please bring your insurance card to your next visit to update our files.

If you choose to continue your care with us, no action is required on your part. Your upcoming appointments scheduled after [Date] remain valid but will take place under the name of [New Practice Name].

If you prefer to transfer your care to a different provider outside of this merged practice, please contact us at [Phone Number] or [Email Address] so we can assist you with the transfer of your medical records.

Thank you for trusting us with your health. We look forward to seeing you at our new practice.

Sincerely,

[Signature/Name of Lead Physician]

[Current Practice Name]

New Practice Contact Information:

[New Practice Name]

[New Address]

[New Phone Number]
[Website]