

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

**Subject: Important Information Regarding Your Medical Insurance and Billing**

Dear [Patient Name],

We are writing to inform you of an upcoming transition regarding our medical insurance and billing processes at [Practice/Facility Name]. Effective [Effective Date], we will be implementing the following changes:

**1. New Billing System**

All services provided on or after [Effective Date] will be processed through our new billing platform. You may notice a new format for your statements and a different web portal for online payments.

**2. Insurance Verification**

To ensure a smooth transition, we require all patients to provide their most current insurance information. Please bring your insurance card to your next appointment or upload it to our secure portal at [Website URL].

**3. Accepted Insurance Plans**

While we continue to accept most major insurance plans, there have been updates to our provider networks. Please verify with your insurance carrier that [Practice/Facility Name] remains an in-network provider under your specific plan.

**4. Outstanding Balances**

Any balances for services rendered prior to [Effective Date] should be paid according to your previous billing statement instructions. For services after this date, please follow the instructions on your new statement.

We are committed to making this transition as seamless as possible. If you have any questions regarding your account or insurance coverage, please contact our Billing Department at [Phone Number] or via email at [Email Address].

Thank you for choosing [Practice/Facility Name] for your healthcare needs.

Sincerely,

[Name/Signature]

[Title]

[Practice/Facility Name]