[Date]

[Provider Name]
[Clinic Name]
[Address]
[City, State, Zip]

Dear [Provider Name],

My name is [Your Name] and I am a licensed insurance professional specializing in Medicare Supplement plans and senior health benefits in [City/Area].

I am reaching out to introduce myself as a local resource for your patients who are approaching age 65 or who have questions regarding their Medicare coverage options. Navigating the transition to Medicare can be overwhelming, and my goal is to provide clear, objective education to ensure your patients select plans that allow them to maintain their relationship with your practice without financial barriers.

I assist clients with:

- Understanding the "Parts" of Medicare (A, B, C, and D).
- Comparing Medicare Supplement (Medigap) plans.
- Evaluating Prescription Drug Plans to ensure medication coverage.
- Identifying plans that offer the lowest out-of-pocket costs for your services.

I have enclosed a few of my business cards. If you have patients who are confused by their options or are concerned about coverage costs, I would be happy to provide them with a complimentary consultation.

I look forward to the possibility of working together to support the health and financial well-being of your patients.

Sincerely,

[Your Name]
[Your Company Name]
[Phone Number]
[Email Address]
[License Number]