[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Doctor or Provider Name]
[Practice Name]
[Address]
[City, State, Zip Code]

Dear [Doctor/Provider Name],

I am writing to express my sincere appreciation for the excellent care you provide to our mutual patients. It is a privilege to work with a healthcare professional who is so dedicated to the well-being of the seniors in our community.

As an insurance professional specializing in Medicare, I often consult with individuals who are confused by their Medicare Supplement (Medigap) options or who are concerned about rising out-of-pocket costs. My goal is to ensure that your patients have the most comprehensive coverage available so they can focus on their health and follow your recommended treatment plans without financial strain.

If you have patients who are turning 65, losing employer coverage, or looking to review their current Medicare Supplement plan, I would be honored to assist them. I pride myself on providing clear, pressure-free education to help them make informed decisions.

I have enclosed several of my business cards should you or your staff wish to keep them on hand. If there is ever anything I can do to assist your office or your patients regarding insurance billing questions or plan comparisons, please do not hesitate to reach out.

Thank you for your time and for the vital work you do.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/License Number]