[Your Name/Organization Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Provider Name]
[Clinic/Practice Name]
[Address]
[City, State, Zip Code]

Re: Mutual Partnership for Medicare Supplement Patient Support

Dear [Provider Name],

I am writing to you today because of our shared commitment to providing high-quality care and support to the Medicare-eligible population in [City/Area].

As a specialist in Medicare Supplement (Medigap) plans, I assist seniors in navigating the complexities of healthcare costs. Many patients face financial barriers due to the gaps left by Original Medicare, such as co-pays, deductibles, and coinsurance. By ensuring patients have the right supplemental coverage, we can help them maintain better adherence to your recommended treatment plans without the stress of unexpected out-of-pocket expenses.

I would like to propose a mutual referral partnership. If you have patients who are confused by their Medicare options or are struggling with medical bills, I can provide them with a complimentary, educational consultation to review their coverage. In return, I am always looking for reputable healthcare providers like yourself to recommend to my clients who are seeking quality local care.

I have enclosed several business cards for your office. If you are open to it, I would welcome a brief meeting or call to discuss how we can best support our mutual patients.

Thank you for your time and for the vital work you do in our community.

Sincerely,

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