[Date]

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

Dear [Provider Name],

My name is [Your Name] and I am an independent insurance agent specializing in Medicare Supplement plans with [Your Agency Name].

I am reaching out because many of your patients may currently be navigating the complexities of Medicare. As an independent agency, I represent multiple top-rated insurance carriers, allowing me to provide unbiased comparisons to find the most cost-effective supplemental coverage for your patients' specific needs.

My goal is to ensure that your patients have the coverage necessary to access your services without financial strain. I provide complimentary consultations to help them understand:

- The difference between Medicare Supplement (Medigap) and Medicare Advantage.
- How to fill the "gaps" in Original Medicare (Part A and Part B).
- Rate stability and coverage portability.

If you have patients who are turning 65 or are concerned about their current out-of-pocket medical costs, I would welcome the opportunity to serve as a resource for them. I have enclosed several business cards for your front desk or referral coordinator.

I would value the chance to speak briefly with you or your office manager about how I can assist your patients. I will follow up with your office in the coming week.

Thank you for your time and for the vital care you provide to our community.

Sincerely,

[Your Name]
[Your Title]
[Your Agency Name]
[Phone Number]
[Email Address]
[Website]