

Date: \_\_\_\_\_

Dear \_\_\_\_\_

This letter is to confirm your agreement to participate in a new way of delivering medical care. This program is designed specifically for patients with \_\_\_\_\_. By choosing to participate you will:

- Become a member of a small group of patients with \_\_\_\_\_. This group will meet with me to address medical and other issues of concern.
- Discuss, or listen in, as we share about up-to-date ways to manage and improve health.
- Help evaluate the experience and give feedback for future shared visits.

Most of the time when you come in to the clinic, you are ill or have a specific problem we need to talk about. Discussions about managing or improving your health are often hard to fit into these short visits. The purpose of this visit is improved health. In the shared visit, we will discuss ways you can maintain or improve your health and make sure you are up-to-date with care recommended for you.

**\*Please check in at \_\_\_\_\_.**

This shared visit will be held on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Since this visit includes a medical evaluation, your insurance will be billed for the appointment and relevant co-payment or co-insurance may apply.

If you change your mind or cannot attend, please call \_\_\_\_\_.

Thank you.