# New Patient Welcome Letter

**Date:** _____ dd / mm / yyyy **Patient Name:** _____

**Medical Record No.:** _____ **Assigned Provider:** _____

## WELCOME TO THE PRACTICE

Dear [Patient First Name],

Thank you for choosing [Practice Name]. We're glad you're here, and we want your first visit to feel easy from the moment you walk in.

Your first appointment is set for [Appointment Date] at [Appointment Time] with [Provider Name]. Please arrive 15 minutes early so check-in doesn't eat into your visit.

This letter covers what to bring, how to reach us, and the handful of policies worth knowing up front. Keep it somewhere handy.

## WHAT TO BRING TO YOUR FIRST VISIT

- [ ] Photo ID — driver's license, state ID, or passport
- [ ] Current insurance card
- [ ] A list of your medications, vitamins, and supplements
- [ ] Names and phone numbers for any other providers you see
- [ ] Records, imaging, or lab results from a previous provider
- [ ] A payment method for your copay or visit fee
- [ ] Your completed intake forms, if you haven't submitted them online

## BEFORE YOU ARRIVE

Complete your intake forms online at [Patient Portal Link]. It takes about 10 minutes and saves you paperwork in the waiting room.

Need an interpreter, wheelchair access, or another accommodation? Call [Phone Number] ahead of your visit so we can have it ready.

Parking: [Parking Instructions]. Look for our entrance at [Entrance Details].

If your insurance or contact details have changed since you booked, let us know before you come in.

## HOW TO REACH US

**Practice Address:** _____ **Phone:** _____

**Email:** _____ **Patient Portal:** _____

**Office Hours:** _____ **After Hours / Urgent:** _____

## POLICIES AT A GLANCE

### Cancellations and rescheduling

Please give us at least [24/48] hours' notice to cancel or move an appointment. Late cancellations and missed visits may be charged [Fee].

### Payment and insurance

Copays and balances are due at the time of your visit. We accept [Payment Methods]. If we're out of network with your plan, we'll tell you before you come in.

### Prescription refills

Request refills through the patient portal or ask your pharmacy to send us the request. Please allow [2] business days.

### Your privacy

Your health information is protected under HIPAA. You'll get our Notice of Privacy Practices at your first visit, and you can request a copy any time.

### Appointment reminders

We send reminders by [text / email / phone]. You can change how we contact you, or opt out, by calling the front desk.

## TELL US HOW WE CAN HELP

**Is there anything you'd like your provider to know before your first appointment?**

How did you hear about us?

- ◯ Referral
- ◯ Online search
- ◯ Social media
- ◯ Insurance directory
- ◯ Other

## WE LOOK FORWARD TO MEETING YOU

Questions before your visit? Call [Phone Number] or message us through the patient portal. We'd rather answer now than leave you wondering.

Warm regards,

**Signature**

**Name and Title**