MONTH DATE, YEAR

**McLaren Region**

**Office Name**

STREET ADDRESS, SUITE #

CITY, MI ZIP

tel: (000) 000-0000

fax: (000) 000-0000

**mclaren.org/officeURL**

Dear Patient:

I am/We are proud to announce I/we have recently joined McLaren Region. This exciting change allows us/me to continue to evolve with excellence in health care. Joining McLaren Medical Group (MMG), ensures that I am/we are able to provide you and your family with all of the medical advances in resources and technology that you deserve.

McLaren is a fully integrated health care network that is committed to high-quality, patient-centered care. MMG, the employed provider network, affords my/our patients access to ambulatory surgery centers, imaging centers, commercial and Medicaid HMOs, home health, infusion and hospice providers, a clinical laboratory network and a wholly owned medical malpractice insurance company.

McLaren also operates Michigan’s largest network of cancer centers and providers, anchored by Karmanos Cancer Institute, one of the only two National Cancer Institute designated centers in the state.

By joining McLaren, I am/we are excited to share with you the comprehensive network that is at the forefront of offering treatments and defining the new standard of care.

Due to my/our new affiliation, you may notice a change in your billing statements. In light of these changes, I/we encourage you to contact your insurance company to verify whether they participate and determine your out-of-pocket expense and co-pay.

It is my/our honor and privilege to provide medical care to you. I/We ensure that there will be minimal inconvenience to you during this transition.

If you have questions or would like to schedule an appointment, please call my/our office at (000) 000-0000.

Sincerely,

*Upload signature(s) in the Special Notes/Attachments section of Request Form.*

First Last Name, Credential

Specialty

McLaren Medical Group