

< Date >

< Inside address >

Dear < Patient's Name >:

During the check-in process today, you notified our office staff that you are currently without health care coverage. We would like to take this opportunity to let you know the options that are available to you and your family.

- A facilitated enrollment processor comes to our office to help interested families complete applications for **(INSERT NAME OF STATE HEALTH INSURANCE PLAN)**. If you are interested in applying for this government program, please ask one of our front desk personnel for an appointment and application.
- We participate in the federal Vaccines for Children (VFC) program. We can provide vaccines to your child for a minimal cost for the administration of the vaccine. Be sure to let your nurse know you would like VFC vaccines if needed.
- We can offer you a self-pay discount for select services at your visit. Balance options are as follows:
 - A minimum payment of **XX%** of the cost of services will be required after your visit.
 - The remaining balance can be paid in a maximum of **XX** monthly payments.
 - No balances over **\$XX** can be carried on a family account.

Thank you for helping us keep our practice financially viable so that we can continue to supply quality care to your family.

Sincerely,

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