

«CurrentDate»

«PatientFName» «PatientLName»
«PatientAddress1» «PatientAddress2»
«PatientCity» «PatientState» «PatientZip»

Dear «PatientFName» «PatientLName»:

It's time to get your annual Peoples Health comprehensive wellness assessment.

I want to let you know about a comprehensive assessment that's free for you and that keeps you informed about your health. It's a way to take preventive steps toward your best health and ensure all your health needs are addressed.

The assessment gives me important information about your health.

I'm collaborating with Peoples Health, your health insurance plan, which offers the assessment. Your assessment is completed by a nurse practitioner through Peoples Health. The nurse practitioner reviews your medical history, treatments and medications; checks your vital signs; and talks with you about personal health goals and important screenings you should get.

This helps me and my team stay up to date about your medications and health care needs. Learn how Peoples Health will keep you and the nurse practitioner safe during the assessment by reading the enclosed flyer.

There's no cost to you for the assessment, and you can earn a \$25 gift card for completing it.

You may have heard about the Peoples Health Rewards Program. Completing your comprehensive wellness assessment may make you eligible for a \$25 reward through the program.

I strongly encourage you to take advantage of this opportunity. Getting the assessment is easy, and Peoples Health offers several convenient options for you to do so. The assessment supports the care I provide to you, but does not replace it. You should still schedule your appointments with my office for regular care and preventive health needs.

**To set up an assessment or ask questions about how it works,
call Peoples Health toll-free at 1-800-222-8600,
Monday through Friday, from 9 a.m. to 4 p.m.**

I look forward to seeing you in the office soon to review your assessment results, check in on your progress toward your health goals and discuss any health questions you may have.

Sincerely,

<Dr. Signature>

Dr. <Doctor First and Last Name>