

<Health Plan Logo>



c/o 9201 E. Mountain View Rd., Ste. 220  
Scottsdale, AZ 85258-9945

<memFName> <memLName>  
<memStreet1> <memStreet2>  
<memCity>, <memState> <memZip>

<MMDDYYYY>

Dear <memFName> <memLName>:

We are glad you completed your health visit with Matrix Medical Network. These visits are a key part of your healthcare.

During your visit, you had a test. In this envelope you will find a copy of your test results. We also sent these results to your doctor. If you have any concerns about your results, please schedule a visit with your doctor.

If you don't have a primary care doctor, please call <Health Plan name/your health plan> at the number on the back of your ID card. They will be happy to help you find one.

If you have questions about your visit, please call Matrix Medical Network at 1-888-553-2436, Monday through Friday from 9:00 a.m. to 5:00 p.m. Eastern Time.

In good health,

A handwritten signature in black ink that reads "HEYBORNE, MD". The signature is stylized with a large, looping initial "R".

Ryan Heyborne, MD  
Chief Medical Officer, Risk and Quality Solutions  
Matrix Medical Network

<Health plan disclaimer>  
[<CMS Approval Code/State Approval code>]

Reference ID: 2\*3\*<ASSESSMENTID>