

## SAMPLE LETTER FOR YOUR PHYSICIAN

**HealthShare Works**  
456 Nordhoff Place, Englewood NJ 07631  
P 800-987-5009 F 201-569-2584 Email [INFO@HealthShare.Works](mailto:INFO@HealthShare.Works)

### Letter to Physician

Dear Physician,

We welcome you to **HealthShare Works** as a physician seeing one of our members.

- There is nothing to sign; no fees to pay or deductions from the payment for you to participate; no claims to file.
- Our “network” is any physician and their colleagues who agrees to see our members, your patient.
- Our community of physicians recommends charging up to one and a half times the usual and customary (e.g., Medicare) rate. If so, our member, your patient, pays at the time of the visit.
- All we ask is for you to give our members - your patients, a receipt showing services rendered and that it was paid.
- We trust your professional judgment to refer the patient to whichever colleague or test you deem appropriate.
- For larger bills, such as for invasive procedures, long-term therapy or acute care, the patient will put you in touch with a counselor at Sedera Health to discuss options for treatment and for payment. We require our members to get a second opinion for surgical intervention which is paid for.

**That’s it! Nothing more is required. Thank you.**

Sincerely,



Maurice Reifman, Ph.D. CEO

P.S: Want to enroll yourself and save 50% of **your own** health costs - with any board-certified providers? Just call us or text **HEALTH** to **46786**. Or email to our Physician Coordinator, [Rose@HealthShare.Works](mailto:Rose@HealthShare.Works)