



MTM ENROLLMENT LETTER TEMPLATE

The MTM Enrollment Letter Template can be used and adapted to meet the needs in your practice. This letter informs patients of their enrollment in MTM and educates them about the benefits of MTM to improve patient buy-in. Replace the [text] with information specific to your practice.

[COMPANY NAME]
[ADDRESS]
[ADDRESS]

[DATE]

[PATIENT NAME]
[ADDRESS]
[ADDRESS]

Dear [PATIENT NAME],

We care about your health and want to help you understand how your medications work. Medication Therapy Management, or MTM, is a service that can improve your health by helping you get the most out of your medications. This service is available at no extra cost to you as part of your prescription drug coverage from [COMPANY].

Through this service, a [COMPANY] pharmacist will:

- Review your health conditions and medications [via phone, in-person, etc.], including prescription and over-the-counter medications, vitamins, and supplements.
- Provide helpful tips to reduce side effects and address any additional concerns you may have about your medications.
- Communicate and work with your healthcare provider(s) to help optimize your medications.
- Provide you with a written summary of your medication review to share with your doctors, health care team, and family or caregivers.

To talk to a pharmacist about your medications, call us at [1-888-PHARMACY], [BUSINESS HOURS], to schedule or complete your medication review in the comfort of your home.

The review takes about [DURATION] and can be planned at a time that is convenient for you. You can continue filling prescriptions at your regular pharmacy. If someone else helps you with your medications, you can both talk to the pharmacist.

If you have questions or do not want to take part in this program, call us at [1-888-NO PHARMACY].