

Confirmation of Healthcare Network Involvement

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm your involvement in our healthcare network, [Network Name]. This letter serves as an official confirmation of your participation, effective [Start Date].

Your collaboration is vital in our efforts to enhance patient care and improve health outcomes in our community. As a participant in the network, you will have access to various resources and support that will contribute to our shared mission.

Please feel free to reach out if you have any questions or need additional information regarding your involvement.

Thank you for joining us in this important endeavor. We look forward to working together.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]