

# Partnership Renewal Confirmation

Date: [Insert Date]

Dear [Provider's Name],

We are pleased to confirm the renewal of our partnership for [specific services or programs] between [Your Organization Name] and [Healthcare Provider's Name]. This renewal will be effective from [start date] to [end date].

We value our collaboration and are committed to providing exceptional care and services to our community. We look forward to continuing our work together to achieve our mutual goals.

If you have any questions or require further information, please feel free to reach out.

Thank you for your continued partnership.

Sincerely,

[Your Name]

[Your Title]

[Your Organization Name]

[Your Contact Information]