

# Partnership Renewal Agreement

Date: [Insert Date]

To: [Healthcare Provider Name]

Address: [Healthcare Provider Address]

Dear [Healthcare Provider Contact Name],

We are pleased to inform you that we are seeking to renew our partnership agreement, which has fostered a beneficial collaboration over the past [Insert Duration]. We value the contributions your team has made in providing exceptional healthcare services.

This letter serves as a formal proposal for the renewal of our existing agreement dated [Insert Original Agreement Date]. We believe that continuing our partnership will further enhance the quality of care we provide to our patients.

Please find attached the proposed terms for the renewal. We encourage you to review the documents and discuss any adjustments you feel are necessary.

We propose to finalize discussions by [Insert Deadline for Finalization] so that we can proceed seamlessly into the next term.

Thank you for your continued partnership. We look forward to your feedback and to another successful term working together.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]