

# Healthcare Provider Partnership Renewal Agreement

Date: [Insert Date]

**To:** [Partner's Name]  
[Partner's Title]  
[Partner's Organization]  
[Partner's Address]

Dear [Partner's Name],

We are writing to formally discuss the renewal of our healthcare partnership, which is vital to the ongoing success of our collaboration. As we continue to advance our mission of providing high-quality care, we wish to outline the terms for the renewal of our agreement.

## Partnership Renewal Terms

- **Duration:** The partnership will be renewed for an additional [Insert Duration] starting from [Insert Start Date].
- **Scope of Services:** We will continue to provide the following services: [List Services].
- **Financial Terms:** The financial obligations will be adjusted to [Insert Details].
- **Performance Metrics:** Both parties agree to adhere to mutually established performance metrics, including [List Metrics].

Please review the terms outlined above, and don't hesitate to reach out if you have any questions or require further clarification. We are looking forward to another successful term of partnership.

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization]  
[Your Contact Information]