

Healthcare Service Cancellation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally notify you that I wish to cancel my healthcare services with [Healthcare Provider's Name] effective immediately. Due to a recent change in my health needs, I believe it is necessary to discontinue my current healthcare services.

Please confirm the cancellation of my services and let me know if there are any further steps that I need to complete. I appreciate the care provided thus far and thank you for your understanding.

Sincerely,

[Your Name]