

Healthcare Service Cancellation Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Recipient's Name]

[Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, ZIP Code]

Subject: Cancellation of Healthcare Services

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 [Effective Cancellation Date] due to a change in my insurance policy.

My current insurance provider is [Current Insurance Provider], and I will be transitioning to [New Insurance Provider] from [Effective Date]. As a result, I will no longer be able to continue services under my current plan.

Please confirm the cancellation of my services and any final billing details at your earliest convenience. If there are any additional steps I need to take, kindly let me know.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]