

# Healthcare Service Cancellation Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to formally cancel my [specific healthcare service] effective immediately, as I have been informed that this service has been discontinued.

My account number is [Account Number]. I request that you provide written confirmation of the cancellation and ensure that no further charges are applied to my account.

If there are any outstanding matters or if further information is required, please do not hesitate to contact me at the phone number or email address provided above.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]