

Notice of Cancellation of Healthcare Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Healthcare Provider Name]

[Provider Address]

[City, State, ZIP Code]

Dear [Provider's Name],

I am writing to formally inform you of my decision to cancel my healthcare services with [Healthcare Provider Name], effective [Insert Effective Date]. This decision has been made as I have opted to switch to a new healthcare provider, [New Provider Name].

Please confirm receipt of this cancellation request and let me know if there are any further actions required on my part to complete this process.

Thank you for the services you have provided thus far.

Sincerely,

[Your Name]