

Healthcare Service Cancellation Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Healthcare Provider Name]

[Provider Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally notify you of my decision to cancel my healthcare services with [Healthcare Provider Name], effective immediately. This decision comes after careful consideration and is primarily due to my dissatisfaction with the service I have received.

Despite raising my concerns on several occasions, I have not seen significant improvements, particularly in [specific issues related to the service]. Unfortunately, this has affected my overall experience, leading me to seek alternative healthcare options.

As of today, please consider my account closed. I would appreciate any necessary steps to finalize this cancellation and any required documentation for my records.

Thank you for your attention to this matter.

Sincerely,

[Your Name]