

Healthcare Services Arrangement Letter

Date: [Insert Date]

[Provider's Name]

[Provider's Title]

[Provider's Organization]

[Provider's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to confirm our arrangement for specialty care services for your [type of condition or treatment]. This letter outlines the details of the services to be provided and the associated responsibilities.

1. Patient Information

Patient Name: [Patient's Name]

Date of Birth: [Patient's DOB]

Insurance Information: [Insurance Details]

2. Services to be Provided

- [Description of service 1]
- [Description of service 2]
- [Description of service 3]

3. Appointment Schedule

We have scheduled the initial appointment for [Date and Time]. The location will be [Address of the Appointment].

4. Contact Information

If you have any questions or need to reschedule, please contact [Provider's Phone Number] or [Provider's Email].

Thank you for choosing us for your specialty care needs. We look forward to working together to ensure the best possible outcomes for [Patient's Name].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]