

# Letter of Medical Service Termination

Date: [Insert Date]

To,  
[Recipient's Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

We regret to inform you that as of [Termination Date], the provision of medical services under our contract will be terminated. This decision has come as a result of [brief reason for termination, if appropriate].

Please ensure that any pending matters, including final payments and medical records, are addressed before this termination date. We encourage you to seek alternative medical care services moving forward.

We appreciate your understanding in this matter and wish you the best in your future medical endeavors.

Sincerely,  
[Your Name]  
[Your Title]  
[Your Organization]  
[Contact Information]