

# Transportation Service Engagement Letter

Date: \_\_\_\_\_

To:

[Recipient Name]

[Recipient Address]

[City, State, ZIP Code]

Dear [Recipient Name],

We are pleased to confirm our engagement to provide medical transportation services for [Patient Name/Client], effective as of [Start Date]. Our services will include the safe and timely transport of [Patient Name/Client] from [Pickup Location] to [Destination].

## Service Details:

- **Type of Transport:** [Ambulance/Wheelchair Van/etc.]
- **Scheduled Pickup Time:** [Time]
- **Return Trip:** [If applicable, include details]

## Terms and Conditions:

[Briefly outline any terms and conditions related to the service, cancellation policies, or payment arrangements.]

We look forward to providing exceptional transportation services to meet [Patient Name/Client]'s needs. Please feel free to contact us at [Your Contact Information] if you have any questions or require further assistance.

Thank you for choosing [Your Company Name] for your medical transportation needs.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]