

Change of Healthcare Provider Announcement

Date: [Insert Date]

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you that, effective [Insert Date], we will be changing our healthcare provider from [Current Provider's Name] to [New Provider's Name].

This decision was made to ensure that we can continue to offer you the best possible care and services. We believe that [New Provider's Name] will provide you with the highest quality of healthcare and support.

Please rest assured that your medical records will be transferred securely and your continuity of care will remain our top priority during this transition.

If you have any questions or concerns regarding this change, please do not hesitate to reach out to us at [Your Contact Information].

Thank you for your understanding and support.

Sincerely,
[Your Name]
[Your Position]
[Your Organization]