

Letter of Explanation

Date: _____

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you about recent modifications to our healthcare services that aim to enhance patient care and improve overall service delivery.

Overview of Modifications

- Service A: [Brief Explanation of Changes]
- Service B: [Brief Explanation of Changes]
- Service C: [Brief Explanation of Changes]

Rationale for Changes

The decision to implement these modifications is based on [brief explanation of reasons, such as patient feedback, changes in health regulations, etc.]. Our objective is to ensure that our services meet the highest standards of care while adapting to the evolving needs of our patients.

Implementation Timeline

These changes will go into effect on [effective date], and we will provide ongoing updates as necessary during the transition period.

Contact Information

If you have any questions or require further clarification regarding these modifications, please feel free to contact us at [contact information]. We appreciate your understanding and support as we transition to these enhanced services.

Thank you for your continued partnership.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Phone Number]

[Your Email Address]