

Healthcare Transportation Service Offer

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to offer our specialized healthcare transportation services to [Company/Organization Name]. Our company, [Your Company Name], is dedicated to providing safe, reliable, and efficient transportation solutions tailored for healthcare needs.

Our services include:

- Non-emergency medical transportation
- Sedans and wheelchair-accessible vehicles
- Trained and compassionate drivers
- Real-time tracking and scheduling

We understand the importance of timely and safe transportation for patients, and we are here to assist. Our rates are competitive, and we can customize our services to meet your specific requirements.

We would love the opportunity to discuss this offer further and explore how we can work together to enhance your transportation services. Please feel free to reach out to me at [Your Phone Number] or [Your Email Address] to arrange a meeting.

Thank you for considering [Your Company Name] for your healthcare transportation needs. We look forward to the possibility of partnering with you.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Phone Number]

[Your Email Address]