

# Non-Emergency Medical Transportation Services

Date: [Insert Date]

Dear [Recipient's Name],

We are pleased to inform you about the availability of our non-emergency medical transportation (NEMT) services. Our primary aim is to help individuals access necessary medical appointments and treatments comfortably and safely.

## Service Details:

- Service Areas: [Insert Service Areas]
- Hours of Operation: [Insert Hours]
- Reservation Requirements: [Insert Reservation Details]

For more information or to schedule a ride, please do not hesitate to contact us at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing our services. We look forward to serving you.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]