

# Service Termination Notice

Date: [Insert Date]

[Recipient Name]  
[Recipient Address]  
[City, State, Zip Code]

Dear [Recipient Name],

We are writing to inform you that, effective [Termination Date], your healthcare support services will be terminated as per our prior discussions and agreements.

This decision has been made due to [briefly explain reason, e.g., changes in service eligibility, client request, non-compliance, etc.]. We appreciate the opportunity to have provided you with support and care during our time together.

Please be assured that we will assist you in the transition process and provide any necessary documentation you may require. If you have any questions or need further assistance, do not hesitate to contact us at [Contact Information].

Thank you for allowing us to serve you, and we wish you all the best in your future healthcare endeavors.

Sincerely,

[Your Name]  
[Your Title]  
[Company Name]  
[Company Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]