

Affirmation of Contact Details

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

We are reaching out to confirm your contact details for our records. Please review the information below and let us know if any updates are necessary:

- **Full Name:** [Recipient's Full Name]
- **Phone Number:** [Recipient's Phone Number]
- **Email Address:** [Recipient's Email Address]
- **Mailing Address:** [Recipient's Mailing Address]

If the above information is correct, no further action is needed. If you have any changes, please contact us at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Provider's Name]

[Phone Number]

[Email Address]