

Audit Engagement Planning Letter

Date: [Insert Date]

[Auditor's Name]

[Auditor's Firm]

[Auditor's Address]

[City, State, Zip Code]

[Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Contact Name],

We are pleased to confirm our understanding of the terms of our audit engagement for the financial statements of [Healthcare Provider's Name] for the year ending [Insert Year]. This letter outlines the objectives, responsibilities, and scope of the audit to be performed.

Objective of the Audit

The primary objective of our audit is to express an opinion on the financial statements of [Healthcare Provider's Name] to ensure they present fairly, in all material respects, the financial position and performance in accordance with [Applicable Accounting Standards].

Responsibilities

Our responsibilities include planning and performing the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. You are responsible for the preparation and fair presentation of the financial statements, including maintaining effective internal control.

Scope of the Audit

The scope of our audit will include an examination of the financial records, processes, and internal controls relevant to the financial statements. We will conduct our audit in accordance with [Applicable Auditing Standards]. We anticipate starting the audit on [Start Date] and completing it by [End Date].

Fees

The fees for our audit services will be based on the time spent at our standard rates, plus out-of-pocket expenses. We estimate the total fee to be approximately [Insert Fee Estimate].

We appreciate the opportunity to work with [Healthcare Provider's Name] and look forward to a productive engagement. Please sign and return a copy of this letter to signify your acceptance of the terms outlined herein.

Sincerely,

[Auditor's Signature]

[Auditor's Printed Name]

[Auditor's Position]

Accepted by:

[Healthcare Provider's Contact Signature]

[Healthcare Provider's Contact Printed Name]

[Title]

[Date]