

# Healthcare Audit Cancellation Notification

Date: [Insert Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

We are writing to inform you that the scheduled healthcare audit originally planned for [insert date of audit] has been canceled. This decision was made due to [insert reason for cancellation, e.g., unforeseen circumstances, scheduling conflicts, etc.].

We apologize for any inconvenience this may cause and appreciate your understanding. If you have any questions or would like to reschedule the audit, please do not hesitate to contact us at [insert contact information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]