

Healthcare Membership Cancellation Terms

Date: [Insert Date]

Dear [Member's Name],

We regret to hear that you have decided to cancel your membership with [Healthcare Organization Name]. Below are the terms regarding your cancellation:

Cancellation Notice

To cancel your membership, please provide us with a written notice at least [Insert Notice Period] days prior to your next billing date.

Final Billing

Upon cancellation, any outstanding balances will be processed on your final billing statement. Please ensure that any dues are cleared to avoid additional fees.

Benefits Termination

All membership benefits will terminate on the last day of the billing cycle in which your cancellation notice is received.

Reinstatement

If you wish to reinstate your membership at a later date, you may be subject to a new enrollment process and fees.

If you have any questions regarding this cancellation process, please do not hesitate to contact our member services at [Contact Information].

Thank you for being a part of [Healthcare Organization Name]. We wish you the best in your future health endeavors.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Organization Name]