

# Healthcare Program Cancellation Terms

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We regret to inform you that your enrollment in the [Healthcare Program Name] has been subject to cancellation as per our cancellation terms outlined below:

## Cancellation Terms:

- Notice Period: A written notice of cancellation must be submitted at least [insert notice period, e.g., 30 days] prior to the desired cancellation date.
- Fee: A cancellation fee of [insert fee, if applicable] may be charged if cancellation occurs after the notice period.
- Refunds: Any applicable refunds will be processed within [insert timeframe] following the cancellation.
- Exceptions: In certain circumstances, cancellation fees may be waived; please refer to our policy or contact customer service for more details.

If you have any questions or need assistance with the cancellation process, please do not hesitate to contact us at [insert contact information].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Organization Name]