

{CURRENTDATE[LONG]}

{FULLNAME}

{ADDRESS1} {ADDRESS2}

{CITY}, {STATE} {POSTALCODE}

{CLINICNAME}

{CLINICADDRESS1}

{CLINICCITY}, {CLINICSTATE} {CLINICPOSTALCODE}

Dear {FULLNAME}:

We have received your letter cancelling {NAME}'s wellness plan. No further payment is required.

Thank you for your time and consideration of our wellness program. If you have any questions please call us at {CLINICPHONE}.

Sincerely,

{STAFFFULLNAME}

Practice Manager