d

Click or tap to enter a date.

Address 1

Address 2

City, State, Zip

**NOTICE: TERMINATION OF SERVICES**

Dear Payer Name,

We have had the pleasure of serving you and we are honored you have chosen us to be a part of your care.

As part of Recover Care’s service plan, Recover Care reserves the right to terminate services due to non-payment. We have not heard from you in response to our two prior letters dated **XX/XX/XXXX** and **XX/XX/XXXX** detailing the past due account and the account remains past due.

The notice sent on **XX/XX/XXXX** notified you that if payment was not received by XX/XX/XXXX, we would be forced to terminate services immediately. As a result of nonpayment by this date, your final day of Recover Care services will be **XX/XX/XXXX.**

If you find our records are inconsistent with your understanding, please contact me at the number below.

Should you choose to receive services from any other care provider, Recover Care will participate in a coordinated transfer of care to make the experience as seamless as possible for you.

Again, thank you for the privilege of being a part of your care.

Linda Engdahl

Chief Operations Officer, Recover Care

(612) 249-7758