

Your Agency Logo

Date

NOTICE TO CLIENTS OF PROVIDER CONTRACT TERMINATION

Agency Name
Address line 1
Address line 2
City, State, ZIP

Dear Name:

This is to inform you that our agency, Name of Agency, will no longer be providing Medi-Cal Mental Health Services effective dd/mm/yy.

We plan to work with you to make this transition as easy as possible for you, and will explore options to continue your care. This may include a referral to DHHS Mental Health. The toll free number is 1-888-849-5728. DHHS Mental Health will assess and determine the services you may be provided.

Should you have any questions, please contact me at phone number.

Sincerely,

Your Name
Job Title