



Client Name:

Location:

This letter is to inform you that treatment services provided at _____ will not continue beyond <date> because this program is closing.

We want to ensure your success in your recovery providing you with continued services at another treatment site, if needed.

Your counselor will make every effort to ensure a smooth transition by scheduling a discharge planning session with you and an appointment with another counselor at the new treatment site.

If you have any questions or concerns about this letter, you can call the confidential beneficiary line at (800) 704-0900, and a care coordinator from the Call Center will reach out to you.

You are always welcome to continue treatment at any other time by calling the Call Center at (800) 704-0900.

Best regards,