



Client Name:

Provider:

Location:

This letter is to inform you that treatment services provided at <location/name> 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.

If your practitioner was unable to connect you to a different program, below are 3 Participating Providers that offer services withing 15 miles of the location where you previously received care:

- Name address phone
- Name address phone
- Name address phone

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

Best regards,

Behavioral Health Services Department

Cc: Nondiscrimination Notice
Language Taglines