

# <LETTERHEAD OF PROVIDER>

<DATE>

London Health Administrators  
40 Commercial Way  
East Providence, RI 02914

Dear London Health Administrators,

This signed letter is to confirm that <DEPENDENT'S NAME>, dependent of <SUBSCRIBER>, will be attending <NAME OF PROVIDER> located at <COMPLETE ADDRESS OF PROVIDER>, from <START DATE> to <END DATE>. The charge for services will be <DOLLAR AMOUNT> per <FREQUENCY OF BILLING>.

If anything changes as designated within this letter, such as service price or dates of service, it will be the responsibility of the member to notify London Health Administrators at 401-435-4700.

Regards,

<PROVIDER BEST POINT OF CONTACT>

<TITLE OF SIGNER>

<PROVIDER BUSINESS NAME>