

WPC Disenrollment letter

English:

This letter is to inform you that as of (date) you will be dis-enrolled from the Whole Person Care Program due to our inability to reach you. To clarify, this does not mean you have been dis-enrolled from Gardner Family Health Network. If you are still interested in continuing to receive Whole Person Care Services, please do not hesitate to contact us at (669) 444-5482 and speak with Daila Gutierrez.

Sincerely,

Spanish:

Esta carta es para informarle que a partir del (fecha) usted ya no estará inscrito en el Programa "Whole Person Care" en nuestro Centro de Recursos de Gardner debido a nuestra inhabilidad para comunicarnos con usted.

Para aclarar usted continuará inscrito de Gardner Family Health Network. Si usted aún está interesado en continuar recibiendo los Servicios del Whole Person Care, no dude en comunicarse con nosotros y hablar con Daila Gutierrez al (669) 444-5482.

Content for disenrollment letter: (For patients that were auto-enrolled but have not consented to enroll in WPC)

This letter is to inform you that as of _____ you will be dis-enrolled from the Whole Person Care Program due to our inability to reach you. If you are interested in participating in the program, please do not hesitate to contact us at _____ and speak with _____.

Sincerely,