

Date:	Patient Name:	
	Address:	
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Dear	,	
		letter is written to notify you that your, erminated. The reason is your failure
to comply with the rules of the Cen	ter as provided in the C nat you agreed to follow	enter's <i>Patient and Center Rights and</i> when you registered as a patient with
On you faile	ed to follow the Center l	Rules by
	rovider relationship. In A copy of the Center R viously agreed to follow	v. Should you have any questions
Sincerely yours,		
Adil Nicolwala, MD Chief Medical Officer HealthPOiNT/BVCAA, Inc.		

Patient and Center Rights and Responsibilities

Enclosures: