{Title} {Given Name} {Family Name}

{Address Line 1}

{Address Line 2}

{Suburb} {State} {Postcode}

[Date]

Dear {Title} {Family Name},

It has been a pleasure working with you and servicing your hearing needs. Sadly, I am writing to notify you that [Business Name] will cease providing hearing services to its clients, and the last day of trading will be [date].

To continue receiving services through the Hearing Services Program, you will need to find another hearing services provider.

To find another provider in your area use the program’s [online directory](http://hearingservices.gov.au/wps/portal/hso/site/locateprovider). Once you have found a provider, please then contact them and ask to relocate to them. Your client record will then be transferred to your new chosen provider.

If you need any help relocating to a new provider, please call 1800 500 726 or email hearing@health.gov.au.

Yours sincerely

[Business Name]

[Date]