

London Health Administrators
40 Commercial Way
East Providence, RI 02914

Dear London Health Administrators,

This signed letter is to confirm that _____, dependent of _____, will be attending
located at _____, from _____ to _____. The charge for
services will be _____ per _____.

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,