

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice/Physician Name] will no longer be able to provide medical care to you effective [Date - typically 30 days from letter].

This decision has been made due to your non-compliance with the agreed-upon treatment plan and follow-up recommendations. Despite previous discussions regarding the importance of these protocols, the current situation prevents us from providing you with the standard of care required for your health and safety.

Until the effective date mentioned above, we will remain available to provide emergency care and essential prescriptions. This 30-day period is intended to give you sufficient time to establish a relationship with a new healthcare provider.

To assist in your transition, we recommend the following resources to find a new physician:

- Your health insurance provider's physician directory
- The local medical society
- [Local Hospital Name] physician referral service

We are happy to transfer a copy of your medical records to your new physician upon receipt of a signed authorization form. You may contact our office at [Phone Number] to obtain this form or to request your records.

Sincerely,

[Physician Signature]

[Physician Name]

[Practice Name]