

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Clinic Name] is terminating the physician-patient relationship with you effective 30 days from the date of this letter. This decision has been made due to your continued failure to settle your outstanding account balance of \$[Amount], despite our multiple attempts to arrange a payment plan.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Date 30 days from now]. This window is intended to provide you with sufficient time to locate a new healthcare provider. We recommend that you contact your insurance company or local medical society to find a new physician.

Upon receiving a signed authorization form from you, we will transfer a copy of your medical records to your new provider to ensure continuity of care. You may request this form by contacting our office at [Phone Number].

Please note that any future appointments currently scheduled after [Date 30 days from now] are hereby cancelled.

Sincerely,

[Doctor Name/Clinic Administrator]

[Clinic Name]