

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you effective [Date - typically 30 days from letter date].

This decision has been made due to your history of frequent late cancellations and missed appointments. Despite previous notifications regarding our attendance policy, the frequency of these occurrences has made it difficult to provide you with consistent care and prevents other patients from receiving timely treatment.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Date]. This period is intended to allow you ample time to establish care with a new provider.

To assist with your transition, we recommend contacting your insurance provider or local medical society to find a new physician. Upon receiving your written authorization, we will transfer a copy of your medical records to your new office.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Physician Name/Practice Manager]

[Practice Name]