

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to formally notify you 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 continued non-compliance with the medical treatment plans and follow-up care discussed during your appointments. Despite our previous conversations regarding the necessity of [specific requirement, e.g., medication adherence/diagnostic testing], the lack of cooperation makes it impossible for us to provide you with safe and effective medical care.

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 give you sufficient time to locate a new healthcare provider. After this date, we will no longer provide any medical services to you.

We recommend that you contact your insurance provider or a local physician referral service to find a new doctor as soon as possible. Once you have selected a new provider, please sign the enclosed medical record release form and return it to our office. We will forward a copy of your medical records to your new physician to ensure continuity of care.

Sincerely,

[Physician Name]

[Practice Name]