

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to provide medical care for you as of [Date 30 Days from Letter Date]. This decision has been made due to ongoing and severe medical non-compliance regarding your treatment plan and prescribed follow-up care.

Effective immediately, we will only provide emergency medical services for you for the next 30 days. This period is intended to give you sufficient time to locate a new healthcare provider. After [Date 30 Days from Letter Date], we will officially terminate the physician-patient relationship.

We strongly recommend that you secure a new physician as soon as possible to ensure your medical needs continue to be met. You may find a new provider through your insurance company's directory or by contacting your local medical society.

We are happy to transfer a copy of your medical records to your new physician once we receive a signed authorization form from you. You may contact our office at [Phone Number] to request this form or to have your records forwarded.

Sincerely,

[Doctor Name/Practice Manager Name]

[Practice Name]