[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[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 30 days from the date of this letter. This decision follows our previous discussions regarding your frequent appointment no-shows and the impact this has on our ability to provide the dedicated care promised in our concierge model.

In accordance with our membership agreement, we will continue to provide emergency medical care and necessary prescriptions for the next 30 days, ending on [Date]. This period is intended to allow you sufficient time to establish care with a new primary care physician.

To assist in your transition, we recommend contacting your insurance provider or the local medical society for a list of available physicians. Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new provider at no charge.

Regarding your concierge membership fees, [select one: a pro-rated refund will be issued to you / your final monthly payment has been cancelled].

We wish you the best in your future healthcare endeavors.

Sincerely,

[Physician Name]
[Practice Name]