

[Current 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 provider-patient relationship effective [Date - typically 30 days from date of letter].

This decision has been made due to your repeated late cancellations of scheduled appointments. Our records indicate that appointments were cancelled with less than 24 hours' notice on the following dates: [List Dates]. As previously discussed, our office policy requires advance notice to ensure we can provide care to all patients in need of medical attention.

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

To assist with your transition, we recommend contacting your insurance provider for a list of participating physicians in your area. Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new physician.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Doctor Name/Practice Manager]

[Practice Name]