

[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 letter].

This decision has been made due to your recent history of consecutive late cancellations on the following dates: [List Dates]. As outlined in our signed office policy, consistent attendance is necessary to provide effective care and to ensure our schedule remains available for all patients in need of treatment.

We will continue to provide emergency care only for the next 30 days, until [Date], to allow you sufficient time to locate a new provider. After this date, we will no longer be able to provide any medical services to you.

To assist with your transition, we suggest contacting your insurance provider for a list of in-network practitioners or visiting [Resource Website/Referral Service].

Upon receiving a signed authorization form from your new provider, we will transfer a copy of your medical records to their office.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Provider Name/Signature]

[Practice Name]