

[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 to you. This decision is effective as of [Date 30 days from today].

This dismissal is due to your ongoing uncooperative and hostile demeanor toward our staff and providers. We believe that a positive relationship based on mutual respect is essential for providing quality healthcare. Unfortunately, recent interactions have made it clear that such a relationship no longer exists.

We will continue to provide care for emergency situations only 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, you will no longer be a patient of this practice.

To assist with your transition, we recommend contacting your insurance provider or a local physician referral service to find a new doctor. Upon receiving a signed authorization form from you, we will transfer a copy of your medical records to your new provider.

Sincerely,

[Doctor Name/Administrator Name]

[Practice Name]