[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Re: Notice of Discharge from Medical Care

Dear [Patient Name],

Please be advised that [Clinic Name] is formally terminating the physician-patient relationship with you effective [Date - typically 30 days from letter date]. This decision has been made due to your outstanding account balance of $[Amount], which remains unpaid despite our previous attempts to resolve this matter.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [End Date]. This period is intended to give you sufficient time to locate a new healthcare provider.

To assist with your transition, we suggest contacting your insurance provider or the local medical society for a list of available physicians in your area. Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new physician.

If you wish to settle your balance and discuss the potential of remaining a patient at this clinic, please contact our billing department immediately at [Phone Number].

Sincerely,

[Physician Name/Administrator Name]
[Clinic Name]