[Date]

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

RE: TERMINATION OF SERVICES FOR [PATIENT/CLIENT NAME]

Dear [Recipient Name],

Please accept this letter as formal notification that [Practice/Company Name] is terminating the professional relationship and ceasing all care for [Patient/Client Name] effective [Final Date of Service].

This decision has been made due to the continued delinquency of your account. Despite our previous notices sent on [Date of First Notice] and [Date of Second Notice], the outstanding balance of $[Amount] remains unpaid.

To ensure a smooth transition, we will continue to provide emergency care only until [End Date of 30-Day Notice Period]. We recommend that you secure a new provider as soon as possible to avoid any interruption in treatment. Upon receipt of a signed authorization form, we will transfer your records to the provider of your choice.

If you wish to prevent this termination, the full outstanding balance must be paid no later than [Deadline Date]. Payments can be made via [Payment Method/Portal].

Sincerely,

[Your Signature]
[Your Printed Name]
[Title/Practice Name]