[Date]

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

Dear [Patient Name],

Please be advised that [Practice Name] is terminating the physician-patient relationship with you effective [30 Days from Date of Letter] due to your outstanding past due balance of $[Amount].

Despite our multiple attempts to reach an agreement regarding your account, the balance remains unpaid. Consequently, we can no longer provide you with medical services.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Date], to allow you sufficient time to locate a new healthcare provider. We recommend you contact your insurance carrier or the local medical society to assist you in finding a new physician.

Once you have selected a new provider, please sign the enclosed medical records release form and return it to our office. We will then forward a copy of your medical records to your new physician to ensure continuity of care.

Please note that your final account balance remains due. We encourage you to contact our billing department at [Phone Number] to settle this matter immediately.

Sincerely,

[Physician Name/Practice Manager Name]
[Practice Name]

Enclosure: Medical Records Release Form