[Current Date]

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

RE: NOTICE OF TERMINATION OF THE PHYSICIAN-PATIENT RELATIONSHIP AND TRANSFER TO COLLECTIONS

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] is terminating its professional relationship with you, effective 30 days from the date of this letter. This decision has been made due to your outstanding balance of $[Amount] which is now [Number] days past due, despite our multiple attempts to reach a payment agreement with you.

Please be advised of the following:

- **Collections:** Your account has been officially transferred to an outside collection agency for recovery. Any future payments or inquiries regarding this balance must now be directed to [Collection Agency Name] at [Phone Number].
- **Emergency Care:** For the next 30 days (until [Date]), we will remain available to provide you with emergency medical care and necessary prescriptions only. This period is intended to give you sufficient time to locate a new healthcare provider.
- **Medical Records:** We will provide a copy of your medical records to your new physician upon receipt of a signed authorization form. You may request this form by contacting our office.
- **Referrals:** We recommend you contact your insurance provider or the local medical society to find a new physician who meets your needs.

After [Date], we will no longer provide any medical services to you, including prescription refills.

Sincerely,

[Doctor Name/Practice Manager]
[Practice Name]
[Phone Number]