[Date]

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

RE: Notice of Termination of Medical Care

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to provide medical services to you effective [Date, typically 30 days from letter date].

This decision has been made due to your repeated failure to address outstanding balances on your account and lack of response to our numerous billing inquiries and payment requests. Despite our efforts to resolve this matter with you, the continued non-payment has made it impossible to maintain our professional relationship.

Until [Date], we will be available to provide you with emergency medical care and necessary prescriptions only. This 30-day window is intended to give you ample time to locate a new healthcare provider. We recommend contacting your insurance company or the local medical society for assistance in finding a new physician.

Upon your written authorization, we will transfer a copy of your medical records to your new provider. We have enclosed a medical record release form for your convenience.

Please note that your final balance of $[Amount] remains due. We urge you to contact our billing office at [Phone Number] immediately to settle this account or to establish a final payment plan.

Sincerely,

[Physician Name/Practice Manager]
[Practice Name]