

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] is officially terminating the provider-patient relationship with you. This decision is effective as of [Date].

This action is being taken due to your recent verbal abuse toward our staff members on [Date of Incident]. Our practice maintains a zero-tolerance policy regarding disrespectful, threatening, or abusive behavior. Such conduct makes it impossible to maintain the professional environment necessary to provide quality medical care.

We will continue to provide emergency medical care for you for the next 30 days, until [Date 30 Days from Now]. This grace period is intended to give you sufficient time to locate a new healthcare provider. After this date, we will no longer provide any medical services, including prescription refills.

We recommend that you contact your insurance provider or a local physician referral service to assist you in finding a new physician. Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new provider to ensure continuity of care.

Sincerely,

[Physician Name/Practice Manager Name]

[Practice Name]