

[Date]

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

Subject: Important Notice Regarding Your Healthcare and Clinic Merger

Dear [Patient Name],

We are writing to inform you that [Current Clinic Name] will be merging with [New Partner Name] effective [Date]. As part of this transition, our current office located at [Old Address] will close, and we will relocate to a new facility at:

[New Clinic Name]
[New Address]
[New City, State, Zip Code]
[New Phone Number]

Notice of Patient Dismissal

Due to this merger and the resulting changes in provider availability and geographic location, we regret to inform you that we will no longer be able to provide you with medical care effective [Date of Dismissal]. This letter serves as formal notice of your dismissal from the practice.

Continuity of Care

We are committed to ensuring you have access to healthcare during this transition. We will continue to provide emergency care and necessary prescriptions for the next [30/60] days, until [Final Date of Service]. This should allow you sufficient time to establish care with a new provider.

Medical Records Transfer

Your medical records remain confidential. To have your records transferred to a new physician, please complete the enclosed authorization form and return it to our office. You may also request a copy of your records for your personal files.

Finding a New Provider

To find a new healthcare provider, we recommend the following resources:

- Contact your health insurance provider for a list of in-network physicians.
- Contact the [Local/State] Medical Society at [Phone Number].
- Visit [Website URL] to search for nearby clinics.

We have valued the opportunity to serve your healthcare needs and wish you the best in your future care.

Sincerely,

[Doctor Name/Clinic Administrator]

[Clinic Name]