[Date]

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

Subject: Notice of Change in Insurance Network Status

Dear [Patient Name],

I am writing to formally notify you of a change regarding our participation in your health insurance network. Effective [Date], [Provider/Practice Name] will no longer be an in-network provider for [Name of Insurance Plan].

We understand that this may be disappointing news. Because we will be out-of-network, your insurance coverage for our services will change, which may result in higher out-of-pocket costs for you. As a result, we must plan for the transition of your care to a provider within your insurance network.

Our final date of service for your care will be [Final Appointment Date]. Until that time, we will continue to provide necessary treatment and assist you with the transition process. To ensure you have no gap in care, we recommend the following steps:

- Contact your insurance provider to request a list of in-network providers in your area.
- Review your "Continuity of Care" benefits with your insurer, which may allow you to complete a current course of treatment with us at the in-network rate.
- Once you have selected a new provider, please sign the enclosed medical records release form so we can transfer your files promptly.

We have truly valued the opportunity to participate in your healthcare. If you have any questions regarding your final appointments or the transfer of your records, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Practice Name]