[Date]

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

Dear [Patient Name],

This letter is to formally notify you that [Clinic Name] will no longer be able to provide you with medical care, effective [Date - typically 30 days from letter date].

This decision has been made due to recent changes in our clinic policies regarding [mention specific change, e.g., insurance provider networks / accepted payment methods / scope of practice]. Specifically, we are no longer able to accept [Insurance Plan Name] or provide services under our new [Policy Name].

Your health is important to us. During this transition period of [Number] days, we will remain available for emergency care and to provide you with necessary prescription refills. We strongly encourage you to secure a new healthcare provider as soon as possible to ensure continuity of your care.

To assist with your transition, we recommend the following steps:

- Contact your insurance provider to find a list of participating physicians in your area.
- Visit [Website, e.g., Physician Finder] for local recommendations.
- Contact your local medical society.

Upon your written authorization, we will transfer a copy of your medical records to your new physician. You may find the enclosed medical record release form for this purpose.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Doctor/Administrator Name]
[Clinic Name]
[Phone Number]