[Date]

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

Subject: Notice to Secure a New Healthcare Provider

Dear [Patient Name],

This letter is to formally notify you that your current thirty-day emergency healthcare coverage period will expire on [Expiration Date].

Please take immediate action to secure a new healthcare provider before this period ends. After the date mentioned above, this office will no longer be able to provide medical services, consultations, or prescription refills for you.

To assist with your transition, we can provide a copy of your medical records to your new provider upon receipt of a signed authorization form. We recommend contacting your insurance carrier or local medical society to find a provider who meets your needs.

We wish you the best in your continued healthcare.

Sincerely,

[Provider Name/Signature]
[Practice Name]
[Contact Information]