

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Practice Name] will no longer be able to provide medical care to you effective thirty (30) days from the date of this letter. Your final date of service with this practice will be [Final Date].

This decision has been made due to a violation of the patient provider agreement/contract signed on [Date of Agreement]. Specifically, the following violation occurred: [Briefly state violation, e.g., non-compliance with treatment plan, missed appointments, or disruptive behavior].

During this 30-day transition period, we will be available to provide care for emergency situations only. We recommend that you secure a new physician as soon as possible to ensure continuity of your medical care.

You may contact your health insurance provider or the local medical society for a referral to a new provider. Upon receiving a signed authorization form from you, we will transfer a copy of your medical records to your new physician.

Thank you for your cooperation in this matter.

Sincerely,

[Doctor/Administrator Name]

[Practice Name]

[Phone Number]