

[Date]

[Insurance Company Name]
[Provider Relations Department]
[Address]
[City, State, Zip Code]

RE: Notice of Contract Termination and Patient Transfer Coordination

Dear [Contact Name or Department],

This letter serves as formal notification that [Practice/Physician Name] will be terminating its provider contract with [Insurance Company Name], effective [Final Date of Contract].

To ensure continuity of care, we are initiating the transfer process for patients currently under our treatment who are covered by your plans. Attached is a list of active patients affected by this termination.

We request the following actions from your coordination team:

- Identification of in-network providers available to accept these transfers.
- Authorization for transition of care for patients in active treatment cycles or with high-risk conditions.
- Clarification on the process for transferring medical records to the new designated providers.

Our office will continue to provide necessary care until the effective date mentioned above. Please provide the contact information for the case manager assigned to these transfers by [Date].

Sincerely,

[Signature]
[Printed Name]
[Title]
[Practice Name]
[Phone Number]