

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Important Update Regarding Your Health Insurance Coverage

Dear [Patient Name],

We are writing to inform you of an upcoming change regarding our participation in your health insurance network. Effective [Date], [Clinic Name] will no longer be an in-network provider for [Name of Insurance Plan].

We value your health and want to ensure you have a smooth transition of care. You have the following options:

- **Continue Care at Our Clinic:** You may continue to see your provider here as an out-of-network patient. Please contact your insurance provider to understand your out-of-pocket costs or "out-of-network" benefits.
- **Transfer to an In-Network Provider:** If you wish to transfer your care to a provider within your insurance network, we are happy to assist with the transfer of your medical records.

To request a transfer of your medical records, please complete the enclosed authorization form and return it to our office. You may also contact your insurance company's member services department to find a list of covered providers in your area.

If you have an appointment scheduled after [Date], our office will contact you shortly to discuss your options. If you have immediate questions, please call us at [Phone Number].

Thank you for trusting us with your healthcare needs.

Sincerely,

[Doctor/Administrator Name]

[Clinic Name]