

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Transition of Care due to Insurance Change

Dear [Patient Name],

We are writing to inform you that as of [Date], our office will no longer be an in-network provider for your current insurance plan, [Name of Insurance Company], due to a change in policy coverage.

To ensure you continue to receive the medical care you need, we recommend the following steps:

- **Review your provider directory:** Contact [Name of Insurance Company] to find a new in-network provider.
- **Request Medical Records:** We can transfer your medical history to your new physician. Please sign the enclosed authorization form and return it to us.
- **Prescription Refills:** We will provide a final [30/60/90]-day supply of your current medications to allow time for your transition.

If you have an ongoing or complex medical condition, you may be eligible for "Continuity of Care" benefits through your insurer. Please contact your insurance member services department immediately to see if you qualify for temporary extended coverage with our office.

It has been a pleasure caring for you. If you have any questions regarding this transition, please contact our office at [Phone Number].

Sincerely,

[Doctor/Provider Name]

[Practice Name]