

[Date]

[Patient Name]

[Patient Address]

[Patient Phone Number]

[Insurance Policy Number]

[New Provider Name]

[New Facility Name]

[Address]

Subject: Formal Transfer of Care - [Patient Name]

Dear [New Provider Name],

This letter is to formally transfer the medical care of [Patient Name] to your practice, effective [Date]. This transfer has been coordinated with and approved by [Insurance Company Name] under authorization number [Authorization Number].

The patient is being transferred for the continued management of [Diagnosis/Condition]. Enclosed with this letter, please find the following documentation:

- Recent medical records and clinical summaries
- Current medication list
- Recent diagnostic test results (Lab work, Imaging)
- Insurance authorization and referral forms

The patient's last appointment with our office was on [Date of Last Visit]. We have discussed this transition with the patient, and they are aware of the appointment scheduled with your office on [Date of First Appointment].

If you require any additional information or clinical history to ensure a seamless transition, please contact our office at [Previous Office Phone Number].

Sincerely,

[Referring Physician Signature]

[Referring Physician Printed Name]

[Medical Practice Name]