

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: FINAL NOTICE OF DISCHARGE FROM PRACTICE

Dear [Patient Name],

This letter serves as a follow-up to our previous correspondence dated [Date of Original Letter] regarding your discharge from [Practice Name].

As previously stated, the physician-patient relationship between you and this practice will officially terminate on [Date of Termination]. After this date, our providers will no longer be available to treat you or manage your medical care.

During this transition period, we will continue to provide emergency care and necessary prescriptions for a period of 30 days from the date of the initial notice, ending on [Date]. This window is intended to allow you sufficient time to establish care with a new primary care provider.

To assist in your transition, you may find a new provider by:

- Contacting your health insurance provider for a list of in-network physicians.
- Contacting the local Medical Society at [Phone Number].
- Using the "Find a Doctor" tool on your insurance company's website.

We are ready to transfer your medical records to your new physician upon receipt of a signed written authorization. Please find the enclosed "Release of Information" form. Once completed, please return it to our office via mail or fax at [Fax Number].

We wish you the best in your future healthcare endeavors.

Sincerely,

[Physician Name]

[Practice Name]

[Practice Phone Number]