[Date]

[Payer Name]
[Contact Person Name]
[Address]
[City, State, Zip Code]

RE: Notice of Disengagement - [Client Name]

Dear [Contact Person Name],

I am writing to formally notify you that [Firm/Practitioner Name] will no longer be providing services to [Client Name] effective [Date]. As you are the third-party payer for these services, we are informing you that our professional relationship with the client is being terminated.

This decision has been made due to a conflict of interest that has arisen, which prevents us from maintaining the necessary objectivity and professional standards required to continue representation/treatment. To protect the privacy and confidentiality of the client, we cannot disclose the specific details of this conflict.

Regarding financial matters:

- Invoices for services rendered up to [Date] are attached/will be sent shortly.
- We request that all outstanding balances be settled by [Date].
- Any pre-paid funds for future services will be refunded to you by [Date].

We have provided the client with appropriate referrals to ensure a smooth transition of their case/care. All relevant files will be transferred to the new provider upon receipt of a signed authorization from the client.

Thank you for your cooperation in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title]
[Firm/Company Name]