Dismissal due to unpaid balances

Subject: Notice of Termination of Dental Services

Dear [Patientâ€™s Name],

This letter is to inform you that due to the continued non-payment of your outstanding balance of [Amount], our office can no longer continue your dental treatment. Despite multiple attempts to resolve this matter, the account remains unsettled.

We will provide emergency dental care for the next 30 days, after which our professional relationship will be terminated. You are encouraged to contact our billing department immediately to discuss repayment options or to settle the account balance. Your records will be forwarded to a new provider upon request.

We regret having to take this step and sincerely wish you the best in maintaining your oral health moving forward.

Respectfully,

[Dentistâ€™s Name]

[Dental Practice Name]