## **Dismissal Letter for Financial Reasons**

Dear [Patient's Name],

We are writing to inform you that, due to outstanding balances and non-payment, [Medical Practice

Name] will no longer be able to provide medical services to you after [Effective Date].

We encourage you to settle any pending accounts and make arrangements with a new healthcare

provider as soon as possible. Your medical records can be transferred upon request.

Thank you for your understanding, and we hope you find continued care elsewhere.

Sincerely,

[Billing Department/Doctor's Name]

[Medical Practice Name]

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