Patient Dismissal for Non-Payment - Professional

Subject: Notice of Termination of Patient-Physician Relationship

Dear [Patient Name],

After careful consideration, I am writing to inform you that I will no longer be able to continue as your healthcare provider effective [Date - typically 30 days from letter date]. This decision has been made due to outstanding balances on your account totaling $[Amount] that have remained unpaid despite multiple billing statements and attempts to arrange payment.

I understand that financial difficulties can arise, and I have made every effort to work with you regarding payment arrangements. However, the continued non-payment has made it necessary for me to terminate our professional relationship.

To ensure continuity of your care, I will continue to provide emergency medical services for the next 30 days. During this transition period, I strongly encourage you to establish care with another physician. I am happy to provide you with referrals to other practitioners in the area if needed.

Upon your written authorization, I will forward copies of your medical records to your new physician. Please note that there may be a reasonable fee for copying extensive records as permitted by state law.

If you have any questions or wish to discuss this matter further, please contact our office at [Phone Number].

Sincerely,

[Physician Name]

[Medical License Number]

[Practice Name]