

This sample letter was developed using plain language principles. The letter is intended to be easy to read, understand, and use.

Termination of Doctor-Patient Relationship: Nonpayment of Bills – SAMPLE

Certified Mail: Return Receipt

Date

Patient's Name

Address

City, State, Zip

Dear [Patient's Name],

I will no longer be your doctor because you have not paid your bill or set up a payment plan. My office sent you bills on [list dates bills sent]. We also called you [list dates called] to set up a payment plan. You must find a new doctor to make sure your medical care continues.

Steps you need to take to make sure your medical care continues:

- Decide who your new doctor will be. For help finding a new doctor, call:
 - Your health insurance company.
 - **OR** [insert name and phone number of local medical society].
- Call the office at [insert phone number] to let us know who your new doctor will be.
- Make sure your new doctor gets a copy of your medical record. Complete the enclosed *Permission Form to Send Medical Records*.
 - Mail the completed form to [insert address]. We will send your medical record to your new doctor when we get this form.
 - **OR** call the office at [insert phone number] to set a time for you to drop off the completed form and pick up a copy of your medical record.

I will treat you for the next 30 days, until [date: day, month, and year]. If you have not found a new doctor by [insert same date as above], you will need to go to your local hospital for care.

I urge you to find a new doctor as soon as you can. If you have any questions or concerns, you may call me at [insert number] between [insert available hours].

Sincerely,

[Doctor's Name]

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