***TERMINATION LETTER – BAD DEBT- WILLINGNESS TO RE-ESTABLISH CARE***

***PLACE PRACTICE LETTERHEAD HERE***

*[Today’s Date]*

*[Patient’s Name]*

*[Patient’s Address]*

Re: Termination of Physician/Patient Relationship

Dear *[Patient’s Name]*,

This letter is to inform you of *[my or our]* intent to terminate our physician/patient relationship due to your failure to comply with our financial policy. If you can bring your account up to date and wish to re-establish care, please contact our practice administrator and we will consider your request.

*[I or We]* will provide **emergency medical care only** for the next 30 days. After *[insert 30 calendar days’ date from this letter],* *[I or we]* will no longer be responsible for your medical care in any way.

To ensure there are no misunderstandings, this termination includes*: [choose the appropriate option]*

***[Practice should choose the correct statement that applies and remove the other options.]***

your current physician.

all physicians in [insert name of specialty].

all physicians at this practice location.

all physicians and all practice locations.

***(If warranted, include paragraph below.)***

*[I or We]* want to take this opportunity to remind you that you have a medical condition, *[insert medical problem requiring follow-up care]*, that requires follow-up care. This is a potentially serious medical condition that if unmonitored could result in *[insert worst case scenario]*. Please let us know if you have any questions.

Upon proper authorization, we will be glad to provide a copy of your medical record to the physician of your choice. You may consult the Medical Society or your insurance carrier to find another physician qualified to provide your care.

Sincerely,

*[The treating physician should sign here OR physician with the authority to sign on behalf of the practice.]*

*Enclosure:* Medical Record Release Form

Sent via Certified Mail/RRR and US Mail

***INSTRUCTIONS (delete prior to sending)***

1. *Send two copies of the letter: one via certified mail, return receipt requested, designated “addressee” only; the other via regular US mail.*
2. *Attach receipt from certified mail to your copy of the letter and scan into the EMR* ***or*** *file in the paper medical record.*
3. *If certified mail delivery is refused and the letter is returned, scan the envelope and the postal receipt into the EMR* ***or*** *file it unopened in the patient’s paper medical record and make an entry indicating that the unopened letter was returned.*