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# Insurance Termination Letter to Patients

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**Date: [Date]**

**Dear Valued Patient,**

I am writing to you with important news regarding our practice's insurance policy changes, which will take effect starting [Date]. After careful consideration and review, Thompson Family Practice will no longer accept insurance from [Insurance Company Name]. This difficult decision stems from ongoing challenges with reimbursement rates and administrative burdens that have impacted our ability to provide the high-quality care you deserve.

We understand that this change may significantly affect you and your family, and it was not a decision made lightly. Our commitment to your health and wellbeing remains our top priority, and we are dedicated to assisting you through this transition.

**For those affected by this change, we are offering the following support and alternatives:**

- A detailed list of recommended healthcare providers in the area who accept [Insurance Company Name].
- Assistance in transferring medical records promptly and securely to your new healthcare provider.

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- For a limited time, a discounted rate for services for patients who wish to continue their care with us out-of-pocket.
  - Guidance on exploring other insurance options that are accepted by our practice.

We deeply value the relationship we have built with you and hope to find ways to continue serving your healthcare needs. If you have any questions or concerns, or if you need assistance with the transition, please do not hesitate to contact our office.

Thank you for your understanding and trust in Thompson Family Practice. We wish you and your family the best in health and wellness.

**Warmest regards,**

**Dr. Emily Thompson and the Thompson Family Practice Team**