

Patient Termination Letter for Non Payment

Your Practice Name]

[Your Address]

[City, State, ZIP Code]

[Date]

[Patient Name]

[Patient Address]

[City, State, ZIP Code]

Subject: Notice of Termination Due to Outstanding Balances

Dear [Patient Name],

This letter serves as notification that our professional relationship will end on [specific date]. Unfortunately, this decision is due to the significant and unresolved outstanding balance on your account, despite our efforts to communicate and offer payment solutions.

As of [specific date], the balance on your account is \$[amount]. Our records indicate the following unpaid invoices:

- [Invoice date and amount #1]
- [Invoice date and amount #2]
- [Invoice date and amount #3]

We understand that financial challenges can arise, and we have previously provided opportunities to address the balance. However, the lack of resolution has made it impossible to continue providing care.

Enclosed, you will find information about local healthcare providers to ensure continuity of care. Additionally, we are happy to provide your medical records to your new provider upon receiving a signed authorization form.

Should you have any questions regarding this letter or your account, please contact our billing department at [phone number].

Sincerely,

[Your Name and Title]

[Practice Name]