

SAMPLE PATIENT TERMINATION LETTER

USE APPROPRIATE LETTERHEAD

Date:

Patient Address Certified Mail # _____

(Patient's address)

Dear _____:

This letter is to inform you that I will no longer be your treating physician and will stop providing medical care to you effective 30 days from the date of this letter. I will continue to provide routine and emergency medical care to you for 30 days while you seek another physician.

I suggest you consult the Oklahoma Medical Board website: www.okmedicalboard.org/ as soon as possible so that you may find another physician who will assume responsibility for your care.

I will be pleased to assist the physician of your choice by sending him or her a copy of your medical records.

Sincerely,

(Physician Signature)

Physician's name _____
Department of _____

Instructions:

1. Retype the letter onto your specific letterhead;
2. A reason for the dismissal may be given but it is not necessary;
3. Include the Oklahoma Medical Board Website: www.okmedicalboard.org for assistance in finding another physician.
4. Send this letter to the patient by certified mail with return receipt requested and regular mail;
5. File copy of letter and delivery receipt in patient's chart;
6. If unable to reach the patient by mail, or in the alternative, the letter may be hand delivered at a scheduled appointment and documented in the medical record. It would not be appropriate to email a sensitive termination. You should not deny an appointment made before the termination has been received by the patient unless the patient has been given specific instructions, i.e., make payment, give drug test, etc. prior to showing up for the appointment. If they show up and do not meet the instructions, you may deny the visit;
7. This letter may be modified, contact the Oklahoma Medical Board 405-962-1400 or your personal lawyer if you have specific questions.