

## *Sample termination letter*

DATE

NAME & ADDRESS OF PATIENT

Dear :

The purpose of this letter is to inform you that I will no longer be able to serve as your physician/provider. The reasons for my decision is/are as follows (insert a brief and factual description of the behaviors resulting in your decision).

As you (do or may) need medical treatment in the future, I recommend that you promptly find another physician/provider to care for you. You may contact the local medical society (give address and phone number) or hospital (give phone number) for the names of physicians/providers who are accepting new patients.

To give you time to find a new physician, I will remain available to treat you for the next 30 days. Please choose a new physician/provider, and return to our office a signed authorization (enclosed) so that the office can provide a copy of your medical chart to your new physician/provider.

Sincerely,

Enclosure

Medical Mutual Insurance Company of Maine offers this information as reference information only and is not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.