

SAMPLE DISMISSAL LETTER TO PATIENTS WITH DELINQUENT ACCOUNTS

Dear Patient _____,

As you know, we have been unsuccessful in our attempts to resolve the outstanding balance on your account. We previously informed you that our practice would withdraw as your provider of medical care unless you made an effort to cooperate with our financial policies. We now have been forced to send your account to our collection agency for yet another time. As a result, we have decided to stop providing medical care to you and members of your immediate family.

We recommend that you find another provider of medical care. You may call your local hospital for assistance. Our office will transfer your records to another medical office upon receipt of your written request. Meanwhile, our clinic will be available to treat you for emergencies only for the next 30 days. Please call our billing department if you have any questions regarding this action.

Respectfully,

[YOUR PHYSICIAN]



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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