Date

Mr. John Doe 123 Bland Ave. Dullsville, TX 77777

Dear Mr. Doe,

After much thought and consideration, this certified letter terminates our physician/patient relationship, effective 30 days from the date received. I feel it is mutually beneficial for you to select another primary care physician. Physicians at this clinic often cover each other's patients; thus you would be better served by selecting a Scott & White Health Plan physician outside of this clinic. Feel free to call your Customer Service Coordinator in your local Health Plan office at (___)-____.

While you are selecting another physician, I will continue to provide urgent or emergent medical services as they arise. In order to provide you with continuity of care, I will be happy to forward your medical records as requested. Please contact our medical records department at (254) 724-4232 for assistance at your discretion.

Sincerely,

John Smith, M.D.

*Refer to directory for appropriate number