Patient Name

Address

City, State, Zip

Date: \_\_\_\_\_\_\_\_\_\_\_\_

To all of our \_\_\_\_\_\_\_\_\_\_\_\_ (Payer Name) Patients:

Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date), the \_\_\_\_\_\_\_\_\_\_\_ (Clinic Name) will discontinue its participating provider relationship with \_\_\_\_\_\_\_\_\_\_\_\_ (Payer Name). Until that day and beyond we will continue to care for you.

You may count on us to continue your care as we have cared for you in the past. If after \_\_\_\_\_\_\_\_\_ (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Payer Name) no longer desires to keep us in their provider network, please know that our clinic will make every effort to continue our professional relationship with you.

We will keep you informed if anything changes in our relationship with \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Payer Name). Feel free to talk to us about this or call your employer or your \_\_\_\_\_\_\_\_\_\_\_\_\_ (Payer Name) representative. Their number should be on the back of your insurance card. [Note: Insert specific rep name and phone number if you have it].

Of all the managed care companies with which we contract, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Payer Name) provides us reimbursement which is markedly below that of other insurance carriers for the medical services we provide our patients. We believe that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Payer Name) is only willing to pay for standard care and is not willing to pay for superior care. Data has been published that show our A1c, cholesterol and blood pressure control results surpass those published by the Cleveland Clinic. [Insert clinical outcomes here for your medical specialty – very important].

We believe that our clinic stands for superior health care and that it is our professional responsibility to maintain that standard.

Sincerely,

 The Physicians of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Clinic Name)