

[Practice Name]
[Practice Address]
[Practice Phone and Fax Number]

[Letter Sent Date]

[Patient Name]
[Patient Address]

Dear [Patient Name],

According to our records, Dr. [PhysicianLastName] is your assigned primary care physician (PCP). We are writing to inform you that effective [LetterSentDate] you will no longer be a patient of Dr. [PhysicianLastName]'s or [Practice Name].

The reason(s) we are discharging you from the practice are:

- Briefly explain the reason for this discharge letter per individual circumstance.
- Briefly explain the reason for this discharge letter per individual circumstance.

Your continued health care is important. We encourage you to find another PCP immediately. We suggest you contact Priority Health for assistance in choosing a new primary care physician. You can contact Priority Health's Customer Service department at the phone number listed on the back of your Priority Health ID card.

I will be available to treat you on an emergency basis for thirty (30) days from the date of this letter.

We will forward copies of your medical records to the health care provider you select. To do this, we'll just need a signed note from you indicating you would like your medical records released, and who they are to be released to.

Please contact our office if you have any questions.

Sincerely,

Provider Name