

# Letter to Insurance Providers

Date: [Insert Date]

To Whom It May Concern,

I am writing to officially inform you that I, Dr. [Full Name], will be retiring from my medical practice effective [Retirement Date]. After [Number] years of dedicated service, I have decided to take this significant step in my life.

Please update your records accordingly and ensure that any ongoing patient claims related to my practice are handled appropriately. My patients will be transitioning their care to [New Physician's Name or Group], who will be taking over effective [Transition Date].

For any future inquiries or claims validation, please contact my office at [Office Phone Number] or [Email Address]. Thank you for the support and collaboration over the years.

Sincerely,

Dr. [Full Name]  
[Medical License Number]  
[Contact Information]