

Medical Service Termination Letter

Date: [Insert Date]

Patient Name: [Insert Patient's Name]

Patient Address: [Insert Patient's Address]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you of an important matter regarding your medical services with our practice.

Due to ongoing financial constraints, we regret to inform you that we will be unable to continue providing medical services to you, effective [Insert Termination Date]. This decision was not made lightly, and we sincerely apologize for any inconvenience this may cause you.

We recommend that you seek alternative medical care as soon as possible. If you need assistance in finding a new healthcare provider, please do not hesitate to reach out to us. We will be more than happy to provide you with any necessary medical records or information required for your transition.

Thank you for your understanding during this difficult situation. We appreciate the opportunity to have served you.

Sincerely,

[Your Name]

[Your Title]

[Practice Name]

[Contact Information]