

Letter of Appeal for Primary Care Physician Continuity

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally appeal for the continuity of care with my primary care physician, Dr. [Physician's Name], who has been my healthcare provider for the past [duration].

Due to [brief explanation of circumstances leading to the appeal, e.g., changes in insurance policy, office relocation], I have been notified that my ability to see Dr. [Physician's Name] may be compromised. The ongoing relationship I have built with Dr. [Physician's Name] is crucial for my health management, especially considering my [mention any specific health issues or concerns].

I respectfully request that you consider my appeal for continuity of care with Dr. [Physician's Name]. Maintaining this relationship will ensure that I receive the most consistent and effective care possible.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]