Termination for Overdue Account

Date Certified Receipt #_____

Patient Name and Address

Dear Patient,

We have made several attempts to contact you, with written letters and by phone, regarding the past due status on your account. Since you have made no attempt to respond, we find it necessary to terminate out doctor- patient relationship. The termination of our relationship will be effective in 30 days from the date of this letter.

In that 30-day period, we will provide emergency care for you with scheduled appointments. After that we will no longer provide care.

We suggest you make every effort to find a new provider as soon as possible to complete needed treatment, through referral of family and friends, your local dental society, your insurance carrier, or the internet.

A release form is enclosed for your written authorization so we may forward your records to another office. At that time your account will be closed.

We wish you well and success in completing your dental care.

Sincerely,

Doctor name