

Sample letter to dismiss a patient for nonpayment of fees

Date

Patient Name
Street Address
City, State Zip

Dear (insert patient's first name),

We have contacted you on several occasions with monthly statements, telephone messages and a personal letter concerning your outstanding balance with our practice. We have determined that due to your noncompliance with our practices' financial policy we must terminate our dentist-patient relationship.

In order to allow you adequate time to find another dentist, we will be available for the next thirty days for emergency treatment only. If you need assistance in finding another dentist, you may contact the local dental society at: _____ or utilize other resources (e.g. the internet).

We will forward a copy of your dental records to you or your new dentist upon receiving a signed written authorization request. Please clearly indicate whom you wish to receive a copy and where you wish us to send the records. Please allow five business days from receipt of your request for duplication and mailing.

Sincerely,

Dentist's Signature

Content courtesy of [The ADA Practical Guide to Dental Letters: Write, Blog and Email Your Way to Success](#) and [The ADA Guidelines for Practice Success™](#) module on [Managing Patients](#).

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