

Sample Patient Dismissal Letter

Practice Letterhead

Date

Dear (Patient),

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.

Signature,

CC Patient File

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Dear (insert patient's first name):

It's been (insert time frame) since we've seen you and we're concerned about your oral health.

We've reached out several times to remind you that maintaining your oral health is important. We have not heard back from you. Please call us at (insert phone number) and speak with (insert name of team member) so she can schedule an appointment for you to come in for a thorough exam.

Unfortunately, if we do not hear from you by (insert date, perhaps one month from the date of the letter), your records will be shifted to inactive status. We would like to have you back in in our practice and hope you'll contact us soon.

Please let us know if you're being seen at another dental practice. We'd also be interested to know what prompted you to seek care somewhere else; perhaps your information will help us identify an opportunity to improve our service.

All of us at (insert practice name) wish you the well and hope that you continue to schedule regular preventive dental visits.

Signature,

CC Patient File

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