

Dismissal Letter to Patient (Lack of Payment)

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YOUR PRACTICE NAME (on practice letterhead)

Date, 20_____

Dear _____ (patient):

This letter is to inform you that I am withdrawing from further professional responsibility regarding our doctor-patient relationship status. As of the date of this letter, our records indicate there has been no payment activity on your account since rendering treatment to you.

Your account is past due in the amount of \$_____. When you chose to become a patient in our practice, you were provided a copy of our financial policy and your signature acknowledges that you have read and understood your financial obligations.

We have, on numerous occasions, provided you with statements and reminders regarding the status of your account. Due to lack of response, your account has been placed with a collection agency. In that regard, please do not contact our office regarding your past due account.

However, in the event of a dental emergency during the next thirty (30) days, you may be seen in this office on an emergency basis if appointment times are available and if payment is rendered in cash at the time of treatment. This thirty (30) day period should provide you with ample time to arrange for dental care in another practice. Upon the receipt of a signed request from you, we will be happy to forward your dental records to your new provider.

Sincerely,

Jason Arnold, DDS