

Patient Termination Letter

Each State will have different standards on terminating a dentist-patient relationship - please check with your state dental board on the specifics. Here is a sample letter, based on a suggested letter from a dental malpractice attorney and assuming the common 30 day requirement before terminating a patient from your practice:

[Nonpayment] As you know, our office has contacted you several times regarding non-payment on your outstanding bill. The amount owed as of the date of this letter is \$_____. Your failure to pay this bill, or to accept our partial payment plan, leaves us no option but to terminate our dentist-patient relationship.

[Other Reasons] It has become apparent to us that our professional relationship had deteriorated over the past several months/appointments/interactions. A healthy dentist-patient association is based upon mutual trust, respect and understanding, which are lacking between us. Without assessing blame to you, me or the staff, it seems now is the appropriate time to terminate our relationship.

[All] You should know several things about your oral condition. There presently is no dental work pending. If you have an emergency situation within the next thirty (30) days, please contact us and we will try to accommodate you. After that time, you should seek your dental treatment elsewhere. You also should select a new dentist soon to avoid delay in case of an emergency situation. Regular hygiene should be performed at least every six months. If you or your new dentist want copies of your dental records, please send us a written release and we will be happy to forward them as appropriate.

[Nonpayment] Please understand that this letter merely terminates our professional relationship. It does not extinguish the debt or mean that we will discontinue collection efforts. My staff and I regret that this situation had to occur. We wish you good luck in the future. Very truly yours,
Dentist

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