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| --- | --- | --- | --- |
|  | Insurance termination to patient |  |  |

Dear Patient,

We are writing to inform you of a change in our insurance network participation with your healthcare insurance company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, our status with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ network will change. Although we will still accept your insurance, we will no longer be participating providers with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ network. To help you navigate this change, we will be doing a complimentary benefits’ check for you, to help determine the exact difference our network status will make. This decision comes as a result of our desire to put your care first.

To be clear, we are still accepting your insurance, however, we will no longer be considered an in-network provider. We are certainly not dismissing you as a patient.

This change will show in slightly different rates for your portion of care. We have researched this carefully in arriving at our decision and we do feel the additional burden is small compared to the freedom and significantly increased benefits that this change affords us both. If we should find, through our benefits check, that your insurance company does not use out-of-network benefits, we will be extending a \_\_\_\_\_ % discount for the life of your participation with that policy as a thank you for your continued loyalty.

This discount will be comparable to the discount typically received by receiving care from an in-network provider without the restrictions that accompany them.

If you have questions, please do not hesitate to contact us. We appreciate you trusting us with your health-care needs in the past and we look forward to continuing to help you for many years to come.

Sincerely,

[Insert Name]