



Appendix B: Terminate Patient from a Department/Division

Date:

(Note: Termination date stated below in the body of the letter must be 30 days + 2 days for mail delivery from the date of the letter)

Patient name:

Date of Birth:

Address:

City/State/Zip Code:

Dear [Insert Patient Name]:

This letter is to notify you that the [Insert Name of Department or Division] of the Rutgers Robert Wood Johnson Medical Group is terminating our Patient-Provider relationship. No Provider in the [insert Name of Department or Division] will provide care to you after [insert termination month/day/year], thirty (30) days from the delivery of this notice.

As required by law, we will provide to you all necessary emergency care or emergency services, including the provision of necessary prescriptions, until the termination date noted above. Emergency care or emergency services means "medical care or services required in circumstances where your life or health may be threatened or compromised unless timely medical care is provided." Please know that in the event such emergency care is required, it shall not imply that our Patient-Provider relationship been re-established.

[Note: If patient has a scheduled upcoming appointment, please insert the following statement.] Please note that I have canceled your appointment with [Insert Provider Name] on [Insert Date] at [Insert Time].

Finally, I will provide a copy of your professional treatment record and/or billing records, as may be requested, within thirty (30) days from my receipt of a written request from you or your authorized representative, and as required by law. Please contact [insert the name and phone number of the person] to request medical/billing records.

Sincerely,

[Insert the name, title, and signature of person sending letter].

[Send by regular mail and by certified mail, Return Receipt Requested]