PROFESSIONAL PROTECTOR PLAN® FOR DENTISTS | PPP

Sample Patient Termination Letter – General

Dentists may find themselves with a desire to terminate a patient from their care without having – or wishing to state – a specific reason for the termination. The reason may be a "bad feeling" about an individual, a patient's general negative demeanor, or something that is challenging to describe. Many states do not require a dentist to have a specific reason for terminating a dentist-patient relationship. (Check your state's rules.) However, the termination cannot be based on criteria that would violate federal, state, or local laws. This sample letter satisfies the requirements of patient notification for termination of the dentist-patient relationship without stating a specific reason.

COPY THE TEXT BELOW ONTO YOUR DENTAL OFFICE LETTERHEAD

[Date]

[Patient Name]
[Street Address]
[City, State ZIP]

Via email, Certified Mail, Return Receipt Requested and First-Class Mail

Dear [Patient name],

After careful consideration, I am writing to inform you that I am ending our dentist-patient relationship and withdrawing from your care. The termination of our relationship will be effective 30 days from the date of this letter.

As of today, our records indicate your additional treatment needs are: [state what treatment needs to be done; elaborate about current problems/issues/concerns]. It is important that you seek care to address these needs, as failure to do so will result in a worsening of your oral health. [If there are no additional treatment needs, use this statement: As of today, our records indicate you have no additional treatment needs beyond routine periodic exams and cleanings.]

I am available to see you for any dental emergency you may have within 30 days from the date of this letter. However, you must first call my office to schedule an emergency appointment if such a situation arises.

I recommend that you find a new dentist as soon as possible to continue your dental care. You may find another dentist by contacting the [local or state dental association] or your dental insurance plan administrator, or by obtaining a referral from family or friends. You can also perform an internet search for other dentists in our community.

I will provide a free copy of your dental records and x-rays upon receipt of a signed, written request from you. For your convenience, I have enclosed an authorization form you may use for that request. Please be sure to indicate the name and address of the dentist you want to receive your records.

I wish you well with your future dental care.

Sincerely,

[Doctor's Name]

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PROFESSIONAL PROTECTOR PLAN® FOR DENTISTS | PPP

Sample Patient Termination Letter – Overdue Account

Nonpayment of fees is one of the most common reasons dentists choose to terminate a doctor-patient relationship. Fees and balances should ideally be discussed well before a collection action or termination is considered. Neither a patient's nonpayment nor your collection action changes the dentist-patient relationship. If you desire to end it, you must properly notify the patient.

COPY THE TEXT BELOW ONTO YOUR DENTAL OFFICE LETTERHEAD

[Date]

[Patient Name]
[Street Address]
[City, State ZIP]

Via email, Certified Mail, Return Receipt Requested and First-Class Mail

Dear [Patient name],

My team and I have enjoyed caring for you over the past few years. However, it has come to my attention that your financial account with us is overdue. We have made several attempts to contact you by phone, text, and with written letters to discuss this situation. Unfortunately, we have not received any response from you to our communications. Due to the outstanding balance and past due account status, we find it necessary to terminate our dentist-patient relationship with you. The termination of our relationship will be effective 30 days from the date of this letter.

As of today, our records indicate your additional treatment needs are: [state what treatment needs to be done; elaborate about current problems/issues/concerns]. It is important that you seek care to address these needs, as failure to do so will result in a worsening of your oral health. [If there are no additional treatment needs, use this statement: As of today, our records indicate you have no additional treatment needs beyond routine periodic exams and cleanings.]

I am available to see you for any dental emergency you may have within 30 days from the date of this letter. However, you must first call my office to schedule an emergency appointment if such a situation arises.

I recommend that you find a new dentist as soon as possible to continue your dental care. You may find another dentist by contacting the [local or state dental association] or your dental insurance plan administrator, or by obtaining a referral from family or friends. You can also perform an internet search for other dentists in our community.

I will provide a free copy of your dental records and x-rays upon receipt of a signed, written request from you. For your convenience, I have enclosed an authorization form you may use for that request. Please be sure to indicate the name and address of the dentist you want to receive your records.

I am sorry to have to take this action over this matter. I wish you well with your future dental care.

Sincerely,

[Doctor's Name]

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PROFESSIONAL PROTECTOR PLAN® FOR DENTISTS | PPP

Sample Patient Termination Letter – Missed/Cancelled Appointments

Missed and cancelled appointments prevent patients from receiving the care they need and disrupt the practice. Be sure to inform patients of any policies you have regarding missed/cancelled appointments, including the potential consequences. Sometimes it is in the best interest of the practice for a dentist to terminate the relationship with a patient who is repeatedly noncompliant with their appointments.

COPY THE TEXT BELOW ONTO YOUR LETTER OR DENTAL OFFICE LETTERHEAD

[Date]

[Patient Name]
[Street Address]
[City, State ZIP]

Via email, Certified Mail, Return Receipt Requested and First-Class Mail

Dear [Patient name],

My team and I have enjoyed caring for you over the past few years and seeing your oral health improve. Over that time, we have shared with you the importance of keeping your scheduled appointments and how missing appointments hinders your oral health. It also disrupts our practice and our ability to care for all our patients. On [date] you missed another scheduled appointment.

Due to you repeatedly missing scheduled appointments or cancelling them with minimal notice, we find it necessary to terminate our dentist-patient relationship with you. The termination of our relationship will be effective 30 days from the date of this letter.

As of today, our records indicate your additional treatment needs are: [state what treatment needs to be done; elaborate about current problems/issues/concerns]. It is important that you seek care to address these needs, as failure to do so will result in a worsening of your oral health. [If there are no additional treatment needs, use this statement: As of today, our records indicate you have no additional treatment needs beyond routine periodic exams and cleanings.]

I am available to see you for any dental emergency you may have within 30 days from the date of this letter. However, you must first call my office to schedule an emergency appointment if such a situation arises.

I recommend that you find a new dentist as soon as possible to continue your dental care. You may find another dentist by contacting the [local or state dental association] or your dental insurance plan administrator, or by obtaining a referral from family or friends. You can also perform an internet search for other dentists in our community.

I will provide a free copy of your dental records and x-rays upon receipt of a signed, written request from you. For your convenience, I have enclosed an authorization form you may use for that request. Please be sure to indicate the name and address of the dentist you want to receive your records.

I wish you well with your future dental care.

Sincerely,

[Doctor's Name]

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Sample Patient Termination Letter – Breakdown in Communication or Trust

Relationships are built on communication and mutual trust, even dentist-patient relationships. If a patient's communications or actions demonstrate a breakdown in their trust in you and/or your practice, you may choose to terminate your relationship with them. Such a breakdown may be shown by a patient being rude or demanding to you or your staff, challenging your diagnosis and/or treatment plan, or having unrealistic expectations for care that you are unable to manage or achieve.

COPY THE TEXT BELOW ONTO YOUR LETTER OR DENTAL OFFICE LETTERHEAD

[Date]

[Patient Name]
[Street Address]
[City, State ZIP]

Via email, Certified Mail, Return Receipt Requested and First-Class Mail

Dear [Patient name],

It is important for you to have trust in your dentist and dental team. However, it is apparent from our recent communication and interaction with you that the trust necessary for a workable dentist-patient relationship has broken down. [You may cite an example of the patient's words or actions, if you wish.] We therefore find it necessary to terminate our dentist-patient relationship with you. The termination of our relationship will be effective 30 days from the date of this letter.

As of today, our records indicate your additional treatment needs are: [state what treatment needs to be done]. It is important that you seek care to address these needs, as failure to do so will result in a worsening of your oral health. [If there are no additional treatment needs, use this statement: As of today, our records indicate you have no additional treatment needs beyond routine periodic exams and cleanings.]

I am available to see you for any dental emergency you may have within 30 days from the date of this letter. However, you must first call my office to schedule an emergency appointment if such a situation arises.

I recommend that you find a new dentist as soon as possible to continue your dental care. You may find another dentist by contacting the [local or state dental association] or your dental insurance plan administrator, or by obtaining a referral from family or friends. You can also perform an internet search for other dentists in our community.

I will provide a free copy of your dental records and x-rays upon receipt of a signed, written request from you. For your convenience, I have enclosed an authorization form you may use for that request. Please be sure to indicate the name and address of the dentist you want to receive your records.

I wish you well with your future dental care.

Sincerely,

[Doctor's Name]

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PROFESSIONAL PROTECTOR PLAN® FOR DENTISTS | PPP

Sample Patient Termination Letter – Inappropriate Behavior

Dentists and dental teams do their best to develop good relationships with patients that are professional and courteous. Unfortunately, not all patients behave in a respectful and courteous manner. A patient's inappropriate behavior is a common reason for terminating a dentist-patient relationship. Be certain to document all such behavior in the patient chart. Customize the letter to the particulars of the patient.

Note: if a patient's behavior is particularly egregious or threatening, such that you and/or your staff would feel unsafe providing any emergency treatment, it may be best – and less risky overall – to refrain from offering it in your termination letter.

COPY THE TEXT BELOW ONTO YOUR LETTER OR DENTAL OFFICE LETTERHEAD

[Date]

[Patient Name]
[Street Address]
[City, State ZIP]

Via email, Certified Mail, Return Receipt Requested and First-Class Mail

Dear [Patient name],

I am writing to inform you that I am ending our dentist-patient relationship and withdrawing from your care due to your unacceptable behavior toward [me/my staff/a particular individual]. The termination of our relationship will be effective 30 days from the date of this letter. On [date], you [describe the behavior, such as in this example] yelled at Mary, our receptionist, regarding the scheduling of your next appointment. Your behavior was disrespectful and very inappropriate. Unfortunately, this was not the first time you displayed inappropriate behavior toward me or my team.

As of today, our records indicate your additional treatment needs are: [state what treatment needs to be done, such as in this example] scaling and root planing in the upper right and lower right quadrants of your mouth, as well as fillings on teeth #14 (upper left first molar) and #31 (lower right second molar). It is important that you seek care to address these needs, as failure to do so will result in a worsening of your periodontal health as well as the decayed areas growing larger.

I am available to see you for any dental emergency you may have within 30 days from the date of this letter. However, you must first call my office to schedule an emergency appointment if such a situation arises. Please note that if you persist with any inappropriate behavior at a future emergency appointment, this termination will take effect immediately.

I recommend that you find a new dentist as soon as possible to continue your dental care. You may find another dentist by contacting the [local or state dental association] or your dental insurance plan administrator, or by obtaining a referral from family or friends. You can also perform an internet search for other dentists in our community.

I will provide a free copy of your dental records and x-rays upon receipt of a signed, written request from you. For your convenience, I have enclosed an authorization form you may use for that request. Please be sure to indicate the name and address of the dentist you want to receive your records.

I wish you well with your future dental care.

Sincerely,

[Doctor's Name]

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Sample Patient Termination Letter – Inactive Recall Patient

Once the dentist-patient relationship has been established, it does not necessarily end just because a patient does not return for an extended period of time. The relationship continues until it is properly terminated by either the dentist or the patient, and it could be judged to exist even years after the dentist last treated the patient. If a patient has not sought care elsewhere and believes they are still a patient in your practice, and you have not formally dismissed them from the practice, they could still be considered a patient to whom you owe a professional duty. This sample letter is a template for dismissing a patient who does not respond to your attempts to re-establish care.

COPY THE TEXT BELOW ONTO YOUR LETTER OR DENTAL OFFICE LETTERHEAD

[Date]

[Patient Name]
[Street Address]
[City, State ZIP]

Via email, Certified Mail, Return Receipt Requested and First-Class Mail

Dear [Patient name],

I hope you are doing well. Our records indicate your last visit to our office was in [month year]. We have made a number of attempts to reach you to schedule an updated examination to determine your current dental needs but have not heard back from you. If you have not sought care from another dentist since your last visit, I encourage you to make an appointment as soon as possible with me or another dentist, as a lot can change over time. Failure to have regular exams prevents the diagnosis and treatment of dental problems while they are more manageable.

I would be happy to renew my dentist-patient relationship with you and would appreciate you contacting our practice to schedule an appointment. However, if I do not hear from you in the next 30 days, I will assume you have sought care with another dentist and will consider our dentist-patient relationship to have ended. I would greatly appreciate hearing from you with your decision either way.

If you decide to not return to our practice, I recommend that you find a new dentist as soon as possible if you have not already done so. You may find another dentist by contacting the [local or state dental association] or your dental insurance plan administrator, or by obtaining a referral from family or friends. You can also perform an internet search for other dentists in our community.

If you choose or have chosen to seek care elsewhere, I will provide a copy of your dental records and x-rays upon receipt of a signed, written request from you. We have an authorization form we would be happy to send you if that is needed.

I appreciate your attention to this matter, and I hope to hear from you and see you soon.

Sincerely,

[Doctor's Name]

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