

## Sample Letter

### Patient Notification of PPO/Service Plan Participating Status Termination

Dear **(Patient Name)**:

Because I value you as a patient, I wanted you to hear from me personally that I have decided to terminate my participation in **{name of PPO or dental service plan}**, and explain the reasons that prompted my decision.

It has become obvious to me over the past several months that I can no longer continue to provide the personal care and caliber of treatment that you need and deserve under the existing arrangement with **{plan name}**. Since I cannot ethically sacrifice my patients' care, the only other solution is to withdraw from **{plan's}** network.

I hope you will remain with my practice because I believe the relationship of trust and mutual respect that we have developed is important. If you decide to do so, I will continue to submit claims on your behalf, and **{plan name}** will reimburse you directly for dental services based on its schedule. Responsibility for payment of my fees will rest solely with you. I will continue to establish my fees fairly and independently, based on the cost of running my office and providing the necessary care and attention to you and all my patients.

Thank you for giving me the opportunity to provide for your dental health.

Sincerely,