

CNA Sample Form: Patient Termination Letters

The following are patient termination scenarios with examples of termination letters that might be used to effect the patient termination. Keep in mind that circumstances vary from patient to patient and dentist to dentist. These case scenarios are representative of situations that you may encounter in your office and are not intended to be comprehensive, to constitute legal advice, or to determine what should or should not be written to a specific patient when a relationship has ended. They are in response to questions from dentists concerning possible formats for this type of communication. What is important is that you make appropriate contact with the patient, based on your personality and your knowledge of the patient, and provide the patient with the required information. These samples are intended as references to provide direction for you to draft your own letters.

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Sample Letter: Case Scenario #1

Among the most common reasons for patient termination is nonpayment of fees. It is important to discuss the issue of fees and the need for timely payments early in the patient's relationship with the practice, and to speak with the patient about the matter as soon as the account falls into arrears. Decide upon the actions, if any, that will be taken with regard to the outstanding balance. (See the section on "Collection Actions" in this workbook.)

Sending an account to collection does not automatically end the dentist-patient relationship. Therefore, the dentist must send a letter to the patient terminating the dentist-patient relationship. The letter must indicate the remaining treatment and how the dentist will handle the patient's dental record. It is not necessary to discuss the collection of outstanding fees in the termination notice. In some cases, it is preferable to separate these issues. The following is an example of a termination letter for nonpayment of fees.

Dear Patient,

While it has been a pleasure treating you over the past few months, it has come to my attention that your account with our practice is in arrears. The current balance on your account is \$742.00. We have previously notified you of this issue, but without resolution. Unfortunately, we must terminate our dentist-patient relationship with you due to the lack of compliance with our practice's stated financial protocols.

Of the items on your original treatment plan, we have completed the full mouth root planing as well as the restorations on teeth #14 (upper left molar) and #30 (lower right molar). You still require three additional restorations as well as the root canal, build up and crown on tooth #30 in the lower right. Failure to promptly seek examination and care from your next dentist could result in further decay of your teeth and associated pain. A delay in treating tooth #30 could result in further decay, pain, swelling, or the need for extraction of the tooth.

I will be available to treat any emergency you may have for the next 30 days, provided that you call my office to schedule an appointment.

I encourage you to seek the regular care of another dentist as soon as possible. You can find information regarding area dentists in the telephone directory, online or by contacting the local dental society referral service.

I will send a copy of your dental record and X-rays free of charge to you or your new dentist if you will send a signed, written request to that effect. Please include the address to which you would like the records sent. Two days' notice is needed before I can send the records, but I will be pleased to speak with your new dentist by telephone at any time.

I regret the termination of our relationship over this matter and wish you every success in your future dental care.

Sincerely,

Dr. Dentist

cc: Patient File

CNA Sample Form: Patient Termination Letters

Sample Letter: Case Scenario #2

Breakdowns in communication often result in the need to terminate a dentist-patient relationship. Perhaps you terminate the relationship because your patient has become unreasonably demanding, refused to accept your treatment recommendation, or your staff is simply uncomfortable working on and communicating with the patient. Perhaps the patient has unrealistic expectations for treatment outcomes. It is prudent to send a letter to the patient indicating that the dentist-patient relationship is being terminated and to clearly outline the treatment needs of the patient. The following is an example.

Dear Patient,

Over the course of your recent visits, I have frequently stated my objection to proceeding with your crowns and bridges without first treating your underlying periodontal disease. I provided you with written information about periodontal disease and have also spent time discussing your condition with you. Nonetheless, you have made it clear that you do not wish to have any periodontal therapy performed prior to your bridgework.

Although it is your right to reject my recommendation, I believe the treatment sequence you desire does not meet accepted dental practice. Based on your choice not to proceed as recommended, I must discontinue my dentist-patient relationship with you. Please consider this letter as a formal notice of this decision.

I will be available to treat any emergency you may have for the next 30 days, provided that you call my office to schedule an appointment.

You must seek the regular care of another dentist as soon as possible. You can find information regarding area dentists in the telephone directory, online or by contacting the local dental society association referral service. You should choose either a general dentist who can provide periodontal therapy, or a dentist who specializes in periodontal therapy, called a periodontist, to treat your periodontal disease. Failure to seek examination and care could result in a serious worsening of your periodontal condition, or in further decay of your teeth. Advanced decay could result in the need for root canal therapy or tooth removal.

Once you have completed your periodontal therapy, your upper teeth must be restored and replaced. Either a general dentist or a specialist in crowns and bridges, called a prosthodontist, can provide this treatment.

I will send a copy of your dental record and X-rays to you or your new dentist if you will send a signed, written request to that effect. Two days' notice is needed before I can send the records, but I will be pleased to speak with your new dentist by telephone at any time.

Sincerely,

Dr. Dentist

cc: Patient File

CNA Sample Form: Patient Termination Letters

Sample Letter: Case Scenario #3

A typical need for termination occurs when a patient misses repeated appointments. In this example, the patient has missed multiple treatment appointments. He has been advised by telephone and in writing of the consequences of further missed appointments, yet the patient fails again. The dentist determines that it is in the best interest of the patient and the practice that the relationship be terminated. A letter such as the following might be appropriate:

Dear Patient,

Over the past four months, we have made great progress in improving your oral health. Unfortunately, further progress continues to be hampered by your repeated absence at our scheduled appointments. Although we have previously discussed with you the significance of missed appointments, both to your oral health and to our ability to serve the patients in our practice, another appointment was missed this past Tuesday on (provide exact date).

As much as we would like to continue to provide your care, we cannot do so under these circumstances. Therefore, this letter is being sent to inform you that we must end our dentist-patient relationship with you.

As of your last visit, our records indicate that you still had moderate periodontal (gum) problems, even after a course of full mouth root planing. Your gums should be re-evaluated as soon as possible. Additionally, there are three more fillings, two crowns and a bridge from your treatment plan that require completion. I suggest that you schedule and keep an appointment with your new dentist as soon as possible. Failure to seek examination and care could result in a serious worsening of your periodontal condition, and delays in restoring the teeth could result in further decay, pain, swelling, or infection.

To provide a reasonable time for you to locate a new dentist, we will be available for the next 30 days to care for any emergency problems you may experience. Please call our office to schedule any necessary emergency appointment.

You can find information regarding area dentists in the telephone directory, online or by contacting the local dental society/association referral service. We will forward a copy of your dental records to you or to your new dentist upon receiving your signed, written request to that effect. Please allow four days from receipt of your request for duplication and mailing.

Please feel free to contact me if you have any questions about your oral health or about finding a new dentist. If we do not hear from you in the next 30 days, we will assume that you have sought dental care from another practice.

Sincerely,

Dr. Dentist

cc: Patient File

CNA Sample Form: Patient Termination Letters

Sample Letter: Case Scenario #4

Another potential case for termination is when a patient misses repeated recall appointments. There is speculation as to whether the patient has sought care elsewhere. The patient has been advised by telephone and in writing of the consequences of further missed appointments, yet the patient fails again. The dentist would like to retain the patient, but only under the right circumstances. A welcoming letter that restates the practice's policies, such as the following, might be appropriate:

Dear Patient,

Over the past 18 months, we have scheduled five recall visits for you, but we have not yet seen you in our office. In the past month, we have left you three telephone messages and sent a written notice and e-mails of our desire to discuss this matter with you. Unfortunately, we have not heard from you, despite our best efforts to reach you.

We hope your oral health has been stable since your last visit. However, we wish to know if you are interested in continuing our dentist-patient relationship. If you wish to continue as a patient in our practice, please call our office, and Kathy will schedule another appointment for you. While I welcome your return, I must stress the need for you to commit to keeping your scheduled appointments. Missing appointments negatively affects both your oral health as well as our ability to serve the patients in our practice.

If we do not hear from you within the next 30 days, we will view that as an indication that you either do not wish to return or are being treated elsewhere, and will consider our dentist-patient relationship with you to have ended. We would appreciate receiving a call or note from you either way, so that we will know whether to keep your records in our inactive file, or return them to active status.

If you have not seen another dentist since your last visit with us, we strongly suggest that you make an appointment as soon as possible. As of your last visit, our records indicate that you had moderate periodontal (gum) problems, which should be re-evaluated. There were no other oral health problems apparent at that time, but 18 months have passed since then. Failure to seek examination and care could result in a serious worsening of your periodontal condition, or of any other dental problem that might exist.

If you choose not to return and have yet to see a new dentist, we will make ourselves available for the next 30 days to care for any emergency problems you might experience while deciding on a new practice. Please call our office to schedule any necessary emergency appointment.

You can find information regarding area dentists in the telephone directory, online or by contacting the local dental society/association referral service. If necessary, I will send a copy of your dental record and X-rays free of charge to you or your new dentist if you will send a signed, written request stating such. Please include the address to which you would like the records sent. Please allow four days from receipt of your request for duplication and mailing.

Please feel free to contact me if you have any questions about your oral health. We would enjoy seeing you once again.

Sincerely,

Dr. Dentist

cc: Patient File

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Sample Letter: Case Scenario #5

While the general rule is *not* to terminate a relationship with a patient who is not in stable condition, sometimes it is necessary when the patient fails to show up for completion of treatment. For example, a new patient presents for emergency root canal treatment. You open the tooth, remove the pulpal tissue and place a medicament and a temporary restoration. The patient, now out of pain, refuses to return for the cleansing, shaping, obturation and restoration of the tooth. The patient's only visit to your office was for the emergency root canal. The following is a typical termination letter.

Dear Patient,

Over the last four weeks, my staff and I have tried repeatedly to contact you by telephone, e-mail and regular mail to schedule appointments to complete the emergency root canal treatment I began for you on June 6. You have not responded to any of these communications. At your emergency visit, and in our telephone calls, e-mails and letters to you, we informed you that failure to complete the root canal treatment could result in serious problems for you, such as a severe infection and /or the loss of that tooth. Nevertheless, you have not made any subsequent appointments.

Therefore, this letter is to inform you that I am now terminating my dentist-patient relationship with you. I will be available to treat any emergency you might have related to this root canal treatment for the next 30 days, provided that you call the office to make an appointment and are prepared to pay for the treatment at the time of service. You must seek the regular care of another dentist as soon as possible. You can find information regarding area dentists in the telephone directory, online or by contacting the local dental society/association referral service. Choose either a general dentist who can provide root canal therapy, or a dentist who specializes in root canal therapy, called an endodontist.

Once you have completed your root canal, you will need to have that tooth restored. In addition, you should seek care for any other dental problems you might have. I did not complete a comprehensive examination of your oral health at the time of your emergency visit, having agreed with you to wait until I completed this root canal emergency. Your new dentist should perform this comprehensive exam as soon as possible.

I will send a copy of your dental record and X-rays free of charge to you or your new dentist if you will send a signed, written request stating such. Please include the address to which you would like the records sent. Two days' notice is needed before I can send the records, but I will be pleased to speak with your new dentist by telephone at any time.

Sincerely,

Dr. Dentist

cc: Patient File

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Sample Letter: Case Scenario #6

Many dentists have records of “inactive patients,” patients that they have not seen or treated in years, but with whom there has been no formal termination of the dentist-patient relationship. While many of these patients may have sought care from another dentist, those that have not may still be considered a patient of the “current” dentist — even if they haven’t responded to that dentist’s recall requests. Therefore, a prudent dentist will find these “inactive patients” and contact them to either continue treatment or terminate the relationship. The following is a sample of a letter that may meet this need.

Dear Patient,

It has been a long time since your last visit to our office. We have tried to contact you by telephone, e-mail and regular mail, but you have not yet responded to our requests for a recall appointment. Our records indicate that you had no oral health problems apparent at your last visit, but three years have passed since then. We are hopeful that you have sought regular dental care elsewhere during this period. If not, we strongly suggest that you make an appointment as soon as possible with us, or with another dentist. Failure to seek examination and care prevents the opportunity to diagnose and treat any dental problem that may exist.

We would be pleased to revive our dentist-patient relationship with you. Please call our office, and Maria will schedule another appointment for you. If we do not hear from you within the next 30 days, we will assume that you are being treated elsewhere and will consider our dentist-patient relationship with you to have ended. We would appreciate receiving a call from you either way, so that we will know whether to keep your records in our inactive file, or return them to active status.

If you choose not to return to our office for care, you can find information regarding area dentists in the telephone directory, online or by contacting the local dental society/association referral service. We will forward a copy of your dental records to you or to your new dentist upon receiving your signed, written request to do so. Please allow four days from receipt of your request for duplication and mailing.

Thank you for your attention to this matter.

Sincerely,

Dr. Dentist

cc: Patient File

CNA Sample Form: Patient Termination Letters

Sample Letter: Case Scenario #7

Some patients referred through managed care plans may have never established long-term dentist-patient relationships and require specific guidance through your office protocol regarding broken appointments. You inform them about the need to keep appointments, but the behavior of breaking or failing appointments persists. After discussing the situation with the managed care organization (MCO) and evaluating your contractual relationship with the MCO, you still feel the need to terminate the relationship. The following is a sample of a letter that may meet this need.

Dear Patient:

It has come to our attention that since your initial visit to this office on May 16, you have canceled or broken four appointments. Therefore, we have not been able to begin your treatment plan, which consists of periodontal (deep cleanings with anesthetic) and restorative (fillings) procedures.

Since it appears that we will not be able to take care of your dental needs in a timely manner, this letter is being sent to inform you that we must end our dentist-patient relationship with you as of the date of this letter.

We have contacted your managed care organization, which is willing to transfer you to another dental practice in its system. We will be pleased to transfer your records to that dentist upon receipt of a signed, written request from you.

Your transfer will be effective in 30 days, during which time this office is available for emergencies. If the need arises, please call our office during that period.

We would encourage you to schedule and keep an appointment with the new dentist as soon as possible, as your periodontal (gum) disease and tooth decay (cavities) are conditions that are likely to progress without timely treatment.

Sincerely,

Dr. Dentist

cc: Patient File
Managed Care Company

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Sample Letter: Case Scenario #8

While it is absolutely necessary to disclose to a patient that you are terminating the dentist-patient relationship and withdrawing from care, you are not required to inform the patient precisely why you have chosen to do so. In certain cases, you may wish to be tactful and remain silent regarding the reasons for your decision. The reasons may be of a private nature or could potentially create further conflict between you and the patient. Irrespective of the reason, it is still required that you send a letter to the patient indicating that the dentist-patient relationship is being terminated and clearly outline the treatment needs of the patient. The following is an example.

Dear Patient,

I am writing to inform you that, after much thought, I have decided to withdraw from care as your dentist. Our dentist-patient relationship will end 30 days from the date of this letter.

Of the items on your original treatment plan, we have completed the full mouth root planing as well as the restorations on teeth #14 and #19 in the upper left and lower left. You still need a filling on tooth #29 in the lower right.

I will be available to treat any emergency you might have for the next 30 days, provided that you call my office beforehand to make an appointment.

I encourage you to seek the regular care of another dentist as soon as possible. You can find information regarding area dentists in the telephone directory, online or by contacting the local dental society/association referral service.

I will send a copy of your dental record and X-rays free of charge to you or your new dentist if you will send a signed, written request stating such. Please include the address to which you would like the records sent. I will need two days' notice before I can send the records, but I will be pleased to speak with your new dentist by telephone at any time.

I regret to inform you of the termination of our relationship and wish you every success in your future dental care.

Sincerely,

Dr. Dentist

cc: Patient File

The sample letters are for illustrative purposes only. As each practice presents unique situations and statutes may vary by state, we recommend that you consult with your attorney prior to use of this or similar forms in your practice.

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