

<prac.name>
<pracladdr1>
<pracladdr2>
<pracladdr3>
<prac.phone>

<today>

<aname>
<aladdr1>
<aladdr2>
<aladdr3>

Dear <aname;%-s>,

Our files indicate that your family has health insurance coverage through [fill in the insurance company here]. Regretfully, we have terminated our contract with this insurance company effective [fill in the date].

We will continue to be contracted with X, Y, Z [fill in any participating inscos here].

We have chosen to notify our patients' families to ensure that you are able to effect necessary changes. We are unsure if you understand the notice from your company so please call our billing department at XXX-YYYY us if you need assistance.

Of course, we will continue to be your family's pediatricians unless you choose to transfer to another provider. However we will be unable to submit claims to the insurance company for you. There may be options for you to change plans as some employers have several plans for you to choose from. Another option may be to submit your paid receipt for reimbursement by [the insurance company you are leaving].

We hope to continue as your children's pediatricians and we will endeavor to make all efforts to assist you in receiving uninterrupted care.

Sincerely,

\fc