

Sample Letter for Physicians Electing Not to Sign the Proposed Contract

Dear NAME OF PATIENT:

We would like to inform you that PRACTICE NAME will no longer participate as a network provider for CARRIER NAME effective DATE. **Optional: You may have received a notice from carrier name advising you of ISSUE, which became effective DATE.**

CARRIER NAME has offered MY/OUR practice a contract whose terms I/WE AM/ARE unwilling to accept. **Optional: You may wish to insert a statement here that the fee schedule offered represents a XXX decrease from current contract, or whatever the individual physician's case may be.** Based on CARRIER NAME's offer, I/WE will no longer be participating provider(s) as of DATE, and will be considered out-of-network providers by your health plan.

I/WE greatly appreciate the opportunity to serve as your physician and will be very pleased to continue in that role. Our practice is open to patients of all types of plans, and as nonnetwork providers for CARRIER NAME. **Optional: We are willing to work with you and have payment policies for patients who wish to pay us directly.** You may wish to review your benefits under your CARRIER NAME to determine whether it will provide payment for out-of-network services. If you have questions about your benefits, you may wish to talk with your employer's benefit manager, as these matters are determined by him or her.

As a long-standing member of this community, I/WE AM/ARE deeply committed to the health of the community and regret very much this intrusion into our relationship. I/WE hope I/WE can continue to be of service to you..

Sincerely,

_____, MD

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