

TO ANNOUNCE DEPARTURE FROM HEALTH PLAN

Dear M. _____:

Please be advised that effective _____, I will no longer be a physician-provider for (HMO, PPO, IPA). I will be available to you and will continue to provide you treatment until this date; however, after this date I will be unable to participate in your medical care and treatment provided through this managed care plan.

Please contact (HMO, PPO, IPA) to make the necessary arrangements for another physician in the Plan to assume your continued medical management and thus prevent any break in the continuity of care you have received.

Rest assured that, at your request, I will make available to you or your new physician information regarding the medical treatment which I have provided.