Dear Patient,

<Office Name> regrets to inform you that as of <provider’s last day>, Dr. <Dr. Name> will no longer be practicing at this location. Please be assured that McLaren is committed to maintaining a continuity of care for you and your family, and that our highest priority is to make your transition to a new provider as seamless as possible.

The following new provider will be available starting <start date> and I would be honored to assume responsibility for your health care needs:

**<new doc name>**

<Specialty>

By choosing to see <new doc name> , you can be assured that your care will not be interrupted in any way. If your health insurance requires the designation of a new primary care physician, you will need to contact your insurance company to declare your selection prior to <current doc last day>.

If you have any questions about this transition or to schedule an appointment prior to <doc last day> , please call the office at <Office phone> and we will be happy to assist you. Thank you for entrusting McLaren with your care, and we look forward to continuing to serve you.

Sincerely,

McLaren Medical Group

**<Office Name>**

<Street Address>

<City, State Zip>

<Phone>