

***DOCUMENT OVERVIEW:** This document may be used as a tool in reimbursement negotiations between practices and participating insurance companies.*

[date]

[inside address]

Dear [name]:

The principals of [name of practice] have met to discuss the group's continued participation with [name of insurance company].

It is our consensus that [name of practice] can no longer continue to participate with [name of insurance company] under the current reimbursement schedule. While we believe this is unfortunate for all parties, to do so will ultimately jeopardize the quality-of-care standards that [name of practice] has established.

If [name of insurance company] is interested in discussing the above matter, please contact me at [telephone number].

Otherwise, this letter will serve as official notice of the cancellation of our participation agreement with [name of insurance company] effective [date]. After this date, we will be happy to see [name of insurance company] patients out-of-network.

Sincerely,

[name], MD