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**Notice to Patient of Doctor’s Discontinuance/Termination of Chiropractic Treatment**

Date

Patient

Address

City, WI Zip

Dear Patient:

This letter is intended to provide you with written confirmation that I must unfortunately discontinue any further chiropractic treatment of your condition resulting from accident/worker’s compensation injury /chiropractic treatment commenced on . It is unfortunate that treatment must be discontinued at this time due to:

1. Nonpayment or untimely payment for chiropractic services
2. Patient’s request to discontinue services
3. Failure to comply with doctor’s recommendation for appointments
4. Failure to comply with doctor’s recommendation for ancillary care
5. Completion of care\*
6. Miscellaneous reasons – violation of office policies or conduct within office
7. Health condition suggesting the need for care by another health provider.

I regret that this situation has developed since we value the opportunity of meeting with you and providing valuable chiropractic care.

It is also my present opinion that your condition requires further health care treatment. I would suggest that you consider placing yourself under the care of another physician or chiropractor without delay. Please feel free to contact my office if you require any assistance in locating another health care provider.

You should also be aware that this office may reconsider its position on discontinuation of care if you (describe remedial steps) . You can reschedule another appointment or arrange a meeting with me by contacting my staff. In the event that I have not heard from you within days from the date of this letter, your records will be appropriately marked and filed. Should you decide to consult with another health care provider, we are pleased to provide an appropriate copy of your records to any health care provider upon written request from you or an authorization appropriately signed by you.

We wish you all the best in the future and would like to thank you again for selecting this offices chiropractic services.

Sincerely,

Chiropractor’s name

\*A copy of this letter should be maintained in the patient’s file. If the reason for discontinuance is the completion of acute chiropractic care, a chiropractor sending this letter may also wish to indicate: “although you have completed the acute phase of active chiropractic care for your condition, this office provides maintenance, supportive, and wellness care to many patients. I believe that this form of chiropractic care may be beneficial in your situation as a means of maintaining optimal levels of health through chiropractic treatment.

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