

**Attachment B**

(WVUPC Office Letterhead, including phone number)

Dear ----:

This is to inform you that, as of (insert a date 30 days from the date of the letter plus a couple of days for mailing), Dr. --- and the Department of --- of WVU Physicians of Charleston will no longer be able to serve as your physicians. Our decision to terminate the physician-patient relationship with you is due to (briefly state a valid reason for the termination: patient non-compliance, patient's behavior toward staff, failure to keep appointments, etc...).

For the next thirty days from the date of your receipt of this letter, we will continue to be available to you for any medically necessary treatment and services. We will also be happy to forward copies of your medical records to any physician or physician group you select upon receipt of a signed authorization from you, and pre-payment of reasonable copying expenses.

Sincerely,

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