

SAMPLE LETTER TO PATIENT REGARDING TERMINATION FROM MEDICARE ADVANTAGE NETWORK

Dear **[Patient Name]**:

I am writing to notify you that your **[Name of Medicare Advantage Plan]** plan is changing the composition of its physician network to save money. **[Name of Insurance Company]** notified me on **[date of termination letter]** of its unilateral decision to terminate me from its **[Name of Medicare Advantage Plan]** network effective **[termination date]**. **[(If you are appealing) I am in the process of appealing this decision, but am concerned that the appeal might not be processed by the end of “open enrollment” on December 7th, 2013.]**

It has been a great pleasure serving as your Retina Specialist since **[date of first patient visit]**. I am available to continue serving as your doctor for 2014 and beyond. Please be advised that I participate in the following Medicare programs:

[Provide bulleted list all Medicare Advantage plans and other Medicare programs that you participate. Also indicate if you accept assignment of traditional Medicare if that is the case]

Since many retina specialists have been dropped from Medicare Advantage networks around the country, you may want to check with **[Name of Insurance Company]** to make sure that another retina specialist is available before making any decision during the open enrollment period, which ends on December 7th. While contacting your plan, you also should check the status of your other healthcare providers or contact them directly to determine their status for 2014.

If you have any questions, please do not hesitate to contact me directly at **[contact information]**.

Sincerely,

<INSERT SIGNATURE(S)>

<INSERT NAME(S) OF PROVIDERS, TITLE(S), PRACTICE NAME>