

[Logo of Clinic/Practice]

[Date]

Name of Patient or Guardian
Address
City, State ZIP

Dear [Name of Patient or Guardian],

At our health care practice we want to ensure we are providing the best quality and access to care to meet the needs of our patients. Molina Healthcare's policy indicates that a primary care provider (PCP) may dismiss a patient from their practice based on the following reasons to help in providing the best care:

1. Repeat no-show for scheduled appointments
2. Inappropriate behavior
3. Patient no longer meets the age requirements for the practice

This is your formal notice that we will be dismissing you and/or your child from our practice effective immediately for the following reason:

Choose an item.

We will continue to provide urgent medical care to you and your child for 30 days while you seek another PCP. Molina can assist in finding participating providers in your area or you can go to www.molinahealthcare.com for a complete list of providers. Please be sure to let Molina know of your PCP change at (800) 869-7165, TTY 711. We will stop providing medical care to you and your child as of [DATE].

Upon receiving a written request for medical records, we will forward a copy of your and/or your child's medical records to your new PCP.

Sincerely,

[Provider Name/Clinic Name]