Date:

Dear Provider Relations,

I hereby tender my resignation as a participating provider of your PPO Network effective on the date of this letter. Per my contractual obligation to provide written termination notice please accept this letter as my intent to terminate my agreement with you. I request that you respond to me in writing to let me know the final date of my participation with your PPO network. I will remain active in practicing at my currently location but only wish to discontinue my participation. Here is our office and contact information:

Doctor’s Name: Business Name:

Tax ID:

Address:

Phone:

Fax :

Respectfully,

**Dr.**