Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Medical Direct Care, PLC finds it necessary to inform you that we are withdrawing from further management of your medical care due to **failure to reach a mutually agreeable payment plan for your outstanding medical bill.**

Medical Direct Care, PLC will be available for any necessary emergency treatment for **30 days from the date of this letter**. We recommend you place yourself under the care of another clinic and physician without delay.

Upon your written request, a copy of your medical records will be sent to the physician (s) of your choice. A form to authorize us to release your records is enclosed. Please complete this form, sign and date in ink, and return to our office via fax at 931-221-0602 or mail at 190 Hatcher Ln, Suite B Clarksville TN 37040

Sincerely,

Dr. Gregory Fryer

Medical Direct Care, PLC