

APPENDIX B. SAMPLE NONCOMPLIANCE LETTER — TREATMENT NONCOMPLIANCE

<Practice/Organization Name>

<Address 1>

<Address 2>

<City, State ZIP>

<Date>

<Patient Name>

<Address 1>

<Address 2>

<City, State ZIP>

Dear <Patient Name>:

It has come to my attention that you are not following your medical treatment plan. For the important health reasons that we discussed during your office visits, you should [insert the advice/recommendations/treatment plan].

If you do not follow these recommendations, you could have problems, such as [list most significant consequences of not following treatment].

Our practice is committed to providing you with high-quality health care. But to do so, we need you to follow your treatment plan. You are a very important member of your own healthcare team.

Please contact our office if you have any questions or concerns about your treatment plan.

Sincerely,

<Name>

<Title>