

Allcare Medical Clinic

148 Park Ave North, Renton, WA 98057

(425) 255-0055

PROVIDING GENERAL MEDICAL CARE TO ADULTS & CHILDREN SINCE 1986...

Date: _____

Dear Mr/Ms: _____

Address: _____

**We will not
serve your
medical needs...**

.....

We regret to inform you that all of our providers will no longer be able to serve your medical needs. We will be available to offer you emergency care within the scope of our practice for the next 30 days or until such time that you can establish care with a new provider, whichever comes first.

You may contact the King County Medical Society at 206 621 9396, your insurance carrier, or your local hospital for assistance in selecting another provider. We will make available the appropriate medical records to your new provider upon request.

Feel free to call us if there are further concerns or questions.

Sincerely yours,

Dhiren N. Ajudia, MD

- () Letter faxed to patient/guardian on _____ by _____ Initials _____
- () Letter sent via US Mail on _____ by _____ Initials _____
- () Letter sent by certified mail on _____ by _____ Initials _____
- () Letter hand delivered to patient/guardian at this office by _____ Initials _____

-----**Have patient sign below if this letter is hand delivered to him/her**-----

I acknowledge the receipt of this letter and understand its contents.

Patient/Guardian's signature: _____ Date _____

Witness's signature (if needed): _____ Date _____