



LifeStage
Home Solutions

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It's better to prepare
5 years early than 5
minutes late!

How to Close Out Your Accounts with a Doctor When Moving to Another Doctor or State

(and Prevent Medical Fraud)

When moving to a new doctor—especially in another state—it is important to formally close your account with your previous doctor. This reduces the risk of unauthorized use of your personal information, medical identity theft, or insurance fraud.

Step-by-Step Checklist

1. Notify Your Current Doctor's Office

- Let them know you're transferring your care to a new provider.
 - Provide the name and address of your new doctor.
 - Ask if they need a written notification or if they have an official account closure form.
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2. Request a Copy of Your Medical Records

- Submit a written request or release form to your current provider.
 - Specify where to send the records (to you, your new doctor, or both).
 - Most offices require a signed authorization—usually done electronically or in person.
 - If you use a patient portal, download a copy of your records for your personal files.
 - Request digital (PDF, secure email) or hard copy format based on your needs.
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3. Instruct the Office NOT to Share Your Records with Anyone Else

- Ask the office to flag your account as closed.
 - Instruct them not to release your information without your explicit future authorization.
 - Confirm this is clearly noted in your file.
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4. Confirm Account Closure and Record Status

- Request written confirmation that your account is now inactive.
 - Ask for confirmation that your records will not be released without permission.
 - Inquire about their **record retention policy** (typically 7–10 years, depending on state laws).
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5. Update Your Insurance Provider

- Notify your health insurance company of the provider change.
- Update your mailing address if you've moved to another state.

- This helps prevent fraudulent claims using your old provider information.
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6. Monitor Your Records and Insurance

- Regularly check your **Explanation of Benefits (EOB)** statements for suspicious claims.
 - Review your medical records and credit reports occasionally for signs of fraud or misuse.
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7. Extra Safeguards When Moving Out of State

- For controlled medications, work with your new doctor to legally transfer prescriptions.
 - Destroy or securely store any old prescription pads, sample medications, or sensitive documents.
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Recommendations & Best Practices

- Always communicate in writing when closing or transferring medical accounts.
- Use secure email, certified mail, or your patient portal for sensitive communication.
- Avoid sending medical information via public Wi-Fi or social media.
- If possible, hand-deliver digital records (USB/CD) or ask the office to send them securely.
- If you suspect medical fraud, report it immediately to your insurance provider and the **Office of Inspector General (OIG)**.

How to Contact the Office of Inspector General (OIG) to Report Medical Fraud, Waste, Abuse, or Identity Theft

If you suspect fraud, waste, abuse, or identity theft related to federal health programs such as Medicare or Medicaid, you can report it directly to the Office of Inspector General (OIG) using any of the following methods:

Online

Submit a report via the OIG Hotline:

<https://oig.hhs.gov/fraud/report-fraud>

Phone

Call the OIG Hotline at **1-800-HHS-TIPS (1-800-447-8477)**

Email (General Public Affairs)

Send inquiries to: **Public.Affairs@oig.hhs.gov**

Mail

U.S. Department of Health & Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
P.O. Box 23489
Washington, DC 20026

Fax

Fax your report to: **(800) 223-8164**

TTY (Hearing Impaired)

Call **1-800-377-4950** for TTY services

You do not need to appear in person to file a complaint. These methods allow you to securely report concerns related to medical identity theft, billing fraud, misuse of benefits, and other forms of misconduct.

Sample Account Closure Email/Letter

Subject: Request to Close My Medical Account and Secure Records

Dear [Doctor's Office Name],

I am transferring my care to a new provider and request that my account be marked closed/inactive as of [Insert Date]. Please send copies of my medical records to:

[New Doctor's Name]

[New Doctor's Address or Practice Name]

I also request that no further information from my file be released without my explicit written authorization.

Please confirm this request in writing.

Thank you for your assistance.

Sincerely,

[Your Full Name]

[Your Date of Birth]

[Phone Number]

[Email Address]

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