

Dear :

I am writing as an authorized agent of my patient in response to the enclosed explanation of benefits sent to my patient and your insured, PATIENT'S NAME. I am writing on behalf of PATIENT'S NAME to request that this claim be reevaluated. While the explanation of benefits makes reference to the criteria used to disqualify this patient's claim, it does not define the criteria for approving reimbursement for the treatment necessary for this patient. Please provide this information, as well as the name of the licensed dentist responsible for the review. In New York State, these doctors are responsible for their professional opinions when they render diagnoses of patients on behalf of third-party payors.

[for managed care plans]

Further, New York State law requires plans such as yours to make an initial internal review, as well as subsequent external, independent evaluation available. I am writing as the authorized agent of my patient to initiate this process.

[for insurance plans]

If your company cannot provide an impartial internal review of the appropriateness of this patient's care by a qualified dentist, I suggest that you consider bringing this matter before the New York State Dental Association's Peer Review and Quality Assurance Committee for an objective determination of the appropriateness of the treatment recommended. I maintain, based on my clinical examination and professional judgment, that the treatment plan I provided is the appropriate care for this patient. I do not believe the treatment plan proposed by your consultant is clinically appropriate for this patient. Based on this patient's policy, he/she should be entitled to reimbursement for the treatment received.

To summarize, Treatment plan description/rationale. I have again enclosed copies of relevant radiographs and clinical records for the treatment.

If you would like to use the Dental Association's Peer Review process for an objective determination of the appropriateness of the treatment plan proposed - or whether the plan supported by your consultant's review is clinically appropriate for this patient and therefore applicable for benefits - please contact the New York State Dental Association, 518-465-0044, to request an Agreement to Submit to Peer Review to Establish Third Party Benefits and the associated Guide to Peer Review.

Sincerely,

DENTIST'S NAME

cc: patient