

Sample Letter to Patient's Insurance Company with State Statutes

Claims Department
Insurance Company Name
Address
City, State, ZIP

Date

RE: Patient
ID#:

To Whom It May Concern:

We have received a pre-authorization denial of coverage for services to one of your insured, (Patients Name). Enclosed please find a resubmission of the pre-authorization request for said services. For your information, I am providing the following relevant section of Oregon State Statute;

743A.028 Services provided by dentist. Notwithstanding any provisions of any policy of insurance covering dental health, whenever such policy provides for reimbursement for any service that is within the lawful scope of practice of a dentist, the insured under such policy shall be entitled to reimbursement for such service, whether the service is performed by a licensed dentist or a licensed dentist as defined in ORS 680.500.

We appreciate your willingness to re-evaluate the enclosed pre-authorization request and look forward to receiving your approval. Please call our office at _____ with any questions or comments.

CC: State Of Oregon Insurance Division
Employers Home State Insurance Commissioner
Patient
Legal File