

Sample Letter to Patient

Patient's Name
Address
City, State, Zip

Date

Dear _____:

In an effort to help you, as our patient, receive insurance benefits in our office we are filing a complaint with the Oregon State Business & Consumer Services Insurance Division because your insurance provider refuses to pay on a claim for services provided or deny a pre-authorization because we are a Denturist office. We want (Insurance Company) to realize that they are not allowed to deny claims because your treatment was provided by a Denturist.

We would greatly appreciate your help in this matter. I have enclosed the State Of Oregon Insurance complaint form with instructions for filing on line or by mail. In the event that your insurance company or the State of Oregon calls we would like to have a copy of the complaint.

I have also enclosed 3 addressed, stamped envelopes for your convenience in mailing a copy to us and the originals to the Insurance Division.

Thank you taking the time to fill out the forms and help us in the matter. We can make a difference if we all work together. If you have any questions or need any help with the forms please call me at _____.

Sincerely,