



DENTAL
BENEFITS

Patient Sample Letters



ADA Center for
Professional Success™

Patient Sample Letters

The Council on Dental Benefit Programs has developed two sets of sample letters to help address problematic language found in a patient's explanation of benefits (EOB) statements. The first set is designed to be sent to third-party payers and the second set is designed to be sent to employers.

The sample letters address two of the most common complaints regarding EOB language: 1) denial of payment because the procedure was not considered "necessary" by the dental benefits plan and 2) inferences that the dentist's fee is in excess of usual, customary, and reasonable (UCR) fees in the community. (These fees may also be referred to as simply reasonable and customary fees and should be referenced accordingly on the letters you send out.) You may retype the text on your own letterhead, making modifications where appropriate.

The sanctity of the dentist-patient relationship is an important issue to keep in mind when you are contemplating communications with others, such as employers, about your patients and their dental care. It is recommended that you obtain the consent of your patients if letters are going to be sent to their employers. Why? It is respectful of the patient's privacy, which is in keeping with your ethical obligation to safeguard the confidentiality of patient records. Importantly, it will also help you avoid running afoul of applicable law. For example, if you are a covered entity under HIPAA, you may need to obtain an authorization in order to release a patient's protected health information to the patient's employer. Because state laws can vary, you will have to consult your own attorney or state dental association, through its legal counsel; to determine whether state law requires you to obtain consent before disclosing patient information to an employer. A sample authorization form is also attached.

Please note that these sample letters are offered for your information and do not constitute legal advice. Dentists must consult with their own attorneys for such advice.

Should you have any questions regarding the enclosed material, please feel free to contact the Council office at 800-621-8099.

Letter to Dental Benefit Plan Regarding EOB Necessity Language

Dear Carrier:

I recently received a copy of the [insert name of dental benefit plan and type of correspondence, i.e. EOB]. I am concerned with the text referenced by [insert remark code number] printed on the [insert type of correspondence].

The text referenced by this remark code reads: "[insert remark code text]."

This text clearly implies to the patient that the services rendered were unnecessary or unprofessional. No information was provided to the patient or to me as to why or how this determination was made. Judgments of this kind constitute a diagnosis of the patient's condition, which typically cannot be done without examination of the patient by a licensed dentist. Consequently, this message may cause the patient to doubt the appropriateness of this particular procedure. In doing so, it interferes with the dentist-patient relationship.

The American Dental Association strongly recommends that [insert name of carrier] use the following statement in its EOB to the patient in lieu of stating that the services were not necessary.

"This service is not a covered benefit as outlined in the Covered Dental Expense section of your plan. The fee charged by the dentist for this service is your responsibility."

Additionally, the EOB did not indicate whether or not a licensed dentist reviewed the claim. If a dentist did review the claim, then the name of the dentist should be provided. This information is necessary so that I may contact the dentist to discuss treatment decisions on a professional level.

I urge you to address this matter as it adversely affects not only my practice, but also all dentists who provide care to patients who are covered by a dental plan administered by [insert name of carrier]. Thank you for your attention and interest in resolving this concern. Please notify my office when this has been corrected.

Sincerely,

Dentist's Name

Enclosure

Letter to Dental Benefit Plan Regarding EOB UCR Language

Dear Carrier:

I recently received a copy of the [insert name of dental benefit plan and type of correspondence, i.e. EOB]. I am concerned with the text referenced by [insert remark code number] printed on the [insert type of correspondence].

The text referenced by this remark code reads: "[insert remark code text]."

Generally, plan members and patients have little or no access to information about what constitutes UCR or how it is determined by [insert name of carrier]. Without an explanation of how these UCR fees are determined, the reader of an explanation of benefits (EOB) statement may conclude that my fees are excessive. Consequently, this message casts doubt as to the appropriateness of my fee for that procedure, and in doing so, interferes with the dentist-patient relationship.

The American Dental Association strongly recommends that [insert name of carrier] use the following or similar statement in its EOB to the patient in lieu of stating that the covered amount represents the "reasonable and customary" expense.

"Reimbursement for this service is limited to the allowable charges as outlined in the Covered Dental Expense section of your plan. Any difference between the dental plan amount and the doctor's original fee may be your responsibility."

I urge you to address this matter as it adversely affects not only my practice, but also all dentists who provide care to patients who are covered by a dental plan administered by [insert name of carrier]. Thank you for your attention and interest in resolving this concern. Please notify my office when this has been corrected.

Sincerely,

Dentist's Name

Enclosure

Letter to Employer Regarding EOB Necessity Language

Dear Employer:

I recently received a copy of the [insert name of dental benefit plan and type of correspondence, i.e. EOB]. I am concerned with the text referenced by [insert remark code number] printed on the [insert type of correspondence]

The text referenced by this remark code reads: "[insert remark code text]."

This text may imply to the patient that the services rendered were unnecessary or unprofessional. No information was provided to the patient or to me as to why or how this determination was made. Judgments of this kind constitute a diagnosis of the patient's condition, which typically cannot be done without examination of the patient by a licensed dentist. Consequently, this message may cause the patient to doubt the appropriateness of this particular procedure. In doing so, it interferes with the dentist-patient relationship.

As the provider of this dental benefit plan for your employees, I believe that you and your employees expect a benefit plan that meets the oral health care needs of your employees. Plans that deny benefits for treatment deemed unnecessary solely in the opinion of the dental plan carrier may not be providing the type of dental care that your employees need and that you and your employees have paid for in premiums.

The American Dental Association strongly recommends that in situations where coverage is not provided by the benefit plan that [insert name of carrier] use the following statement in its EOB to the patient in lieu of stating that the services were not necessary.

"This service is not a covered benefit as outlined in the Covered Dental Expense section of your plan. The fee charged by the dentist for this service is your responsibility."

Additionally, the EOB did not indicate whether or not a licensed dentist reviewed the claim. If a dentist did review the claim, then the name of the dentist should be provided. This information is necessary so that I may contact the dentist to discuss treatment decisions on a professional level.

I urge you to address this matter with [insert name of carrier] as it adversely affects not only my practice and patient, but also all of your employees covered by the plan. Thank you for your attention and interest in resolving this concern.

Sincerely,

Dentist's Name

Enclosure

Letter to Employer Regarding EOB UCR Language

Dear Employer:

I recently received a copy of the [insert name of dental benefit plan and type of correspondence, i.e. EOB]. I am concerned with the text referenced by [insert remark code number] printed on the [insert type of correspondence].

The text referenced by this remark code reads: "[insert remark code text]."

I suspect that you and your employees may have little or no access to information about what constitutes UCR or how it is determined by [insert name of carrier]. Without an explanation of how these UCR fees are determined, the reader of an explanation of benefits (EOB) statement may conclude that my fees are excessive. Consequently, this message casts doubt as to the appropriateness of my fee for that procedure, and in doing so, interferes with the dentist-patient relationship.

As the provider of this dental benefit plan for your employees, I believe that you and your employees deserve a benefit plan that adequately communicates the provisions of your benefit plan in language that is easily understood by your employees.

The American Dental Association strongly recommends that dental benefit plans use the following or similar statement in its EOB to the patient in lieu of stating that the covered amount represents the "reasonable and customary" expense.

"Reimbursement for this service is limited to the allowable charges as outlined in the Covered Dental Expense section of your plan. Any difference between the dental plan amount and the doctor's original fee may be your responsibility."

I urge you to address this matter with [insert name of carrier] as it adversely affects not only my practice and patient, but also all of your employees covered by the plan. Thank you for your attention and interest in resolving this concern.

Sincerely,

Dentist's Name

Enclosure



Authorization to Release Protected Health Information

I _____ (insert name of patient or patient's personal representative) authorize
_____ (insert name of your office) to release
_____ (insert specific description of relevant records) to
_____ (insert name of employer through which benefit plan is offered and appropriate
department, such as "human resources") for purposes of informing _____ (insert name of
employer) of issues pertaining to benefits provided through _____ (insert name of
plan).

This authorization shall expire _____ (insert date or triggering event, such as upon
patient's departure from practice).

I understand that I have the right to revoke this authorization, and that I must do so in writing. I understand
that any such revocation will not affect any actions taken by _____ (insert
name of your office) in reliance on this authorization before its revocation.

I understand that _____ (insert name of your office) may not refuse to treat
_____ (insert name of patient) if I refuse to sign this authorization.

I understand that _____ (insert name of employer or department receiving protected
health information under this authorization) may be able to redisclose protected health information
provided by _____ (insert name of your office), and that the protected health information will no
longer be covered by the federal privacy regulations implementing the Health Insurance Portability and
Accountability Act of 1996.

Signature _____

(If this authorization is signed by the patient's personal representative, describe the personal
representative's authority to act on behalf of the patient)

NOTE: When filled out completely, this form should meet the requirements for an authorization under the
HIPAA privacy regulations. However, your state's law may have additional consent requirements for the
release of patient information, and this form may not meet those requirements. To determine whether
there are additional consent requirements in your state, please contact your state dental association or
your personal attorney.

*This publication was developed to assist dentists in writing letters to address problematic language in a
patient's explanation of benefits (EOB) statements. It is not intended to cover every situation or offer
complete advice. None of the information is to be construed as legal advice, a legal standard, or
Association policy that can serve as a substitute for a dentist's own professional judgment or consultation
with a personal attorney or other professional advisor.*