

Refund Request Appeal Letter (for non-contracted providers)

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YOUR PRACTICE NAME (on practice letterhead)

Date, 20_____

Dear _____ (patient):

We are in receipt of a refund request in the amount of \$_____. Our records indicate that the patient's claim has been paid in accordance with the services provided, and no overpayment exists on the patient's account.

We obtained a copy of the patient's insurance card at the time of service and obtained a valid written assignment of benefits. We provided dental services and received your payment in good faith. Furthermore, we did not bill the patient for the portion covered by his/her insurance based on the information you provided on your Explanation of Benefits.

We have been properly reimbursed for services rendered and no refund will be issued. If you disagree with our decision, please provide a copy of the state law, federal law, or contract law that requires our office to honor your refund request. If, in the future, you elect to deduct the alleged overpayment from future benefits to be paid, we will consult legal counsel in order to ensure that our rights are preserved. We suggest that you pursue any and all refunds directly from your subscriber/patient since he is the beneficiary of the dental plan and received the treatment as provided.

Please do not hesitate to contact me if you have any questions or need additional information. I can be reached at _____ Monday through Friday, from 9am until 4pm (EST).

Sincerely,

Amy Johnson

Patient Accounts Manager