

PPO Withdrawal Letter to Patient

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YOUR PRACTICE NAME (on practice letterhead)

Date, 20_____

Dear _____ (patient):

Because we are devoted to providing excellent care to all of our patients, we constantly review our systems and services in order to maintain the highest level of care and customer service. Each year we re-evaluate our insurance contracts to determine if we are able to continue to provide the utmost quality of care under the current terms of each contract.

After careful evaluation, we have determined that your current insurance dental contract interferes with our ability to continue providing optimum care to its members. Because we are concerned about your overall health, we are not willing to compromise the quality of dental care we provide to you and your family. We will no longer be a participating network provider with your benefit plan effective mo/day/year.

We would like to continue providing exceptional dental care to you and your family and will be happy to process all dental claims on your behalf. We will accept assignment of benefits so that you will only pay the portion your insurance does not cover. However, as an out of network provider, you may notice a small increase in your level of benefit reimbursement.

Please be assured that our entire dental team has spent a significant amount of time addressing this issue with your overall health in mind. Please do not hesitate to call should you have any questions or concerns. We look forward to continuing to provide dental care to you and your family.

Sincerely,

Dr. Arnold and Team