\_\_\_\_\_ (Date)

\_\_\_\_\_ (Company Name)

\_\_\_\_\_ (Company Address)

\_\_\_\_\_ (Company City/State/Zip Code)

To Whom it May Concern,

\_\_\_\_\_ (Practice Name)had conducted a review of our insurance partnerships. Based on that review, we would like to request an adjustment to our reimbursement levels with \_\_\_\_\_ (Insurance Company Name).

\_\_\_\_\_ (Practice Name) is one of the only \_\_\_\_\_ (Practice Specialty) practices in the \_\_\_\_\_ (City) area and offers many services not found elsewhere including [list services and other items that make the practice unique – bilingual; special populations treated, etc.].

Included in this letter is a document that lists our full fee rate for each code; our current rate with \_\_\_\_\_ (Insurance Company Name) ; our current rate with other insurance companies; and the increase we are requesting.

Our practice currently sees \_\_\_\_\_ (Number of Patients or Percentage of Patient Base) patients that utilized \_\_\_\_\_ (Insurance Company Name) for their dental insurance coverage with our practice.

We believe that you find our request reasonable and ask that you review this request and provide your response no later than \_\_\_\_\_ (Deadline Date). I can be reached at \_\_\_\_\_ (Practice Phone Number).

Best regards,

\_\_\_\_\_ (Employee Name)

\_\_\_\_\_ (Position Title)

\_\_\_\_\_ (Practice Name)