OFFICE LETTERHEAD

Dear Patient,			
_	to inform you about a change in o pany,	ur insurance network partic	ipation with your dental
accept your inst network. To he help determine result of our de	, our status with the surance, we will no longer be particely you navigate this change, we will the exact difference our network esire to put your care first instead of the the quality of care you should	cipating providers with II be doing a complimentary status will make. This decisi of being forced to limit and a	dental dental benefit check for you to on has been made as a
your insurance Consequently, insurance com	things have changed with this com company to provide you, as one o as an in-network provider, we are pany's rules rather than according till accepting your insurance and w	f their members, with subqu forced to treat you (our pat to your needs or how you w	uality dentistry. ient) according to the vant to be treated. To be
researched this the freedom ar through our be	you is that you will be subject to so carefully to arrive at our decision and significantly increased benefits the enefits check that your insurance come. Moreover, and the life of you lty.	and we feel the additional behalf this change affords us bompany does not use out-of	ourden is small compared to ooth. If we should find -network benefits, we will
	vill be comparable to the discount der, without the restrictions that ty		=
	estions, please do not hesitate to c n your health-care needs in the pas ars.		
Sincerely,			
Dentist signatu	re		