Dear Patient,			
We are writing to info	rm you of a change in our insu	rance network here at	
As of, change.	our status with the		network will
Although we will still accept your insurance, which may utilize several other networks we still participate with, we will no longer be participating providers with strictly the network.			
determine the exact in	this change, we will be doing a npact of this change. This deci- ar dental plan's paperwork and	sion has come as a resul	t of our desire to put
•	have changed with this compa d not a personal dentist.	ny, to the degree that I a	nm considered a
Consequently, as an in-network provider, I am forced to treat you (my patients) according to their rules, rather than according to your needs or requests. To be clear, we are still accepting your insurance and we are certainly not dismissing you as a patient. The change on your end is that you will be subject to slightly different rates for your portion of care. We have researched this carefully in arriving at our decision and we do feel the additional burden is small, compared to the freedom and significantly increased benefits that this change affords both of us. If we should find through our benefits check that your insurance company doesn't utilize any other network we participate with, we will be extending a% discount for the life of your participation with that policy as a thank you for your continued loyalty. This discount will be comparable to the discount typically received by receiving care from an in-network provider without the restrictions.			
_	questions, please do not hesita re needs in the past, and we lo		
Sincerely,			
Dr.	& Staff		