Dear Provider Relations Representative,

This letter is to notify you that our contract with INSURANCE PROVIDER is nearing term or has expired. INSURANCE PROVIDER has provided valuable services to our insured members during the term of the existing contract.

According to our records, we have served approximately XX patients with INSURANCE PROVIDER from CONTRACT ONSET DATE to CURRENT DATE. Dr. _____ would like to request a meeting to discuss fee schedule increases for the coming contractual term. As you are likely aware, a number of both commercial and governmental payers are increasing fee schedule allowances to offset dental organization operational costs.

At a time when the pandemic has forced dental offices into a new way of providing quality dental care across the world with the need to purchase additional PPE equipment, masks, air purifiers, UV sanitizers, and new technologies to ensure the safety of patients and staff, we ask that you consider our request. In addition, inflation is on the rise and is a major concern in respect to affordability of most supplies which have already been marked up in price due to worldwide supply chain issues.

Further, our office has implemented a number of quality improvement measures which we believe will result in improved care to your insured members: (CUSTOMIZE THE FOLLOWING BULLET POINTS TO MORE ACCURATELY DETAIL YOUR QUALITY IMPROVEMENTS OR CREATE MORE APPROPRIATE DESCRIPTIONS)
- Clinical performance measurement implementation
- Patient satisfaction improvements (e.g., use of surveys, new locations, longer hours, organization of support groups)
- Staffing improvements
- Technology improvements

The percentage of fees according to the zip code on FAIR Health Consumer shows that we are below the UCR fee acceptable in this zip code.

Please indicate your availability for this discussion. We look forward to renewing our contract with your company and providing uninterrupted, high-quality dental care through our partnership with your dental plan.

Sincerely,

Dr. _____