

[Dental Plan Letterhead]

*"Delay"*

[Dental Plan Tracking Number – optional]

**NOTICE OF ACTION  
For Processing Your Treatment Request**

[Date]

[Member's Name]  
[Address]  
[City, State Zip]

[Treating Dentist's Name]  
[Address]  
[City, State Zip]

Identification Number

**RE:** [Service requested]

[Name of requesting dentist] has asked [Dental Plan] to approve [Service requested]. We cannot make a decision yet. This is because [Insert a clear and concise explanation of the reasons for the delay, indicating what further information is needed and/or additional steps need be taken. If further information is being requested, input the deadline for receipt of information.] We expect to let you know the decision on [date]. You will get another letter letting you know the decision at that time.

If you disagree with the decision to delay, you may file a grievance with [Dental Plan]. You may get help from your dentist, or call us at [Dental Plan's Member Services telephone number].

[Dental Director's Name]

Enclosed: "Your Rights Under Dental Managed Care"

(Enclose notice with each letter)