

[Dental Plan Letterhead]

[Dental Plan Tracking Number-Optional]

**NOTICE OF ACTION
About 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 provider] has asked *[Dental Plan]* to approve *[Service requested]*.

(Use this verbiage for denials)

This request is denied. This is because *[Insert: 1. A clear and concise explanation of the reasons for the decision; 2. A description of the criteria or guidelines used, including a reference to the specific regulations or plan authorization procedures that support the action; and 3. The clinical reasons for the decision regarding medical necessity].*

(Use this verbiage for modified approvals)

We cannot approve this treatment the way it is. This is because *[Insert: 1. A clear and concise explanation of the reasons for the decision; 2. A description of the criteria or guidelines used, including a reference to the specific regulations or plan authorization procedures that support the action; and 3. The clinical reasons for the decision regarding medical necessity].*

We will instead approve: *[Service approved]*.

You may ask for free copies of all information used to make this decision. This includes a copy of the actual benefit provision, guideline, protocol, or criteria that we based our decision on. To ask for this, please call *[Dental Plan name]* at *[telephone number]*.

You may appeal this decision. You have 60 days from the date of this letter to call us or write us to appeal this decision, which will be on *[enter date]*. The enclosed "Your Rights Under Dental Managed Care" information notice tells you how. It also tells you where you can get free help. This also means free legal help. You are encouraged to send in any information that could help your case.

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)