<Dentist Name>
<Dental Office>
<Street Address>
<City, State Zip Code>

<Date>
<Patient Name>
<Street Address>
<City, State Zip Code>

Dear <Patient Name>,

Thank you for allowing <Dental Office Name> to be your preferred care provider for your dental care needs. Each year insurance companies evaluate the providers they’ve chosen to participate in their plan’s networks.

We wanted to send notice and a reminder to you, our valued patient, to ensure you’ve carefully reviewed your dental plan’s summary of benefits and provider network.

While many dental plans have very little cost difference in their in-network and out-of-network service fees, we want to ensure there are no surprises regarding your procedures or services in the future due to unexpected changes to your insurance policy.

We are happy to recommend a local licensed insurance agent <Agent Name>, who can help review your current dental insurance policy and determine if <Dental Office Name> is an in-network preferred provider, and see if you may be paying too much for some of the services you receive.

If you would like to confirm your dental insurance policy is a good fit for you, and the services you receive at <Dental Office Name>, please contact <Agent Name> at <Phone Number>; TTY: 711 <Hours of Operation>.

Should you have any questions about this correspondence, please contact our office at <Dentist Phone Number>.

Thank you,

<Dentist Office>