

Sample letter to collect when the dental benefit carrier did not pay

Date

Patient Name
Street Address
City, State Zip

Dear (insert patient's first name),

Thank you for your recent office visit. Our office has not received payment for your dental treatment from your dental benefit company for your procedure due to limitations of your dental plan. The balance due is (amount).

Since you did agree to the terms of the practice's financial policy and treatment plan which state that you accept full responsibility for payment of all services regardless of the payable benefit, we ask that you please remit this amount to our office as soon as possible.

If you have any questions, please contact your dental benefits carrier directly or our office at (office number).

Sincerely,

Dentist's Signature

Content courtesy of [The ADA Practical Guide to Dental Letters: Write, Blog and Email Your Way to Success](#) and [The ADA Guidelines for Practice Success™ module on Managing Patients.](#)

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