

Dr. Name

Office address

City, State ZIP

(or preferably print on letterhead)

Date:

Insurance company name

Insurance company address

City, State ZIP

re: John Doe, claim #1234546779

Please consider this ADDITIONAL INFORMATION and reprocess the accompanying claim.

Existing conditions:

- 2 Missing; extracted 21 years ago.
- 3 Missing; extracted 23 years ago.
- 4 Recurrent M caries under failing MODL composite; less than 50% of supragingival tooth structure present.
- 5 New D caries
- 13 Deep D caries undermining B & L cusps; temporary DO filling; MO amalgam; less than 50% of supragingival tooth structure present.
- 15 Failing MODB composite; replaces DB cusp; has multiple fractures; less than 50% of supragingival tooth structure present.
- 18 Had Root Canal Treatment completed Oct 7, 2002; never been crowned; massive caries has left less than 50% of supragingival tooth structure present.
- 19 MO, B amalgams; recurrent D caries under deep DO composite undermines DB cusp; less than 50% of supragingival tooth structure present.
- 20 Recurrent D caries.
- 30 MO amalgam; recurrent D caries under DOBL composite replacing DB, DL cusps; less than 50% of supragingival tooth structure present.
- 31 New M caries.
- All Moderate to Severe occlusal & incisal attrition from bruxism; causing dentin exposure, mobility, rapid deterioration of restorations.

Documents enclosed:

- Copy of original claim
- Copy of EOB
- Additional information (this document)

Sincerely,

Suzy Q

Insurance Coordinator