

	Title: Dismissal of Enrollee from Practice	Version: 2
	Owner: Melissa Mitchell (Director of Production)	Approved: 03/22/2018

Purpose: To establish guidelines for when a provider may dismiss an enrollee from provider's practice.

Responsibility: Quality Improvement (QI)/Utilization Review (UR) Committee

Scope: Advantage Dental Services, LLC

Definitions: n/a

Forms: n/a

References: OAR 410-141-3080

Policy:

If an enrollee is dismissed from a dental practice for any reason, the provider **MUST** notify the Customer Service Department with a faxed copy of the Dismissal Letter. The reason for dismissal will be noted in the enrollee's record at the Dental Care Organization's (DCO's) business office.

1. The provider is responsible for sending the enrollee a letter stating that they will no longer be able to care for enrollee's dental needs. The provider may use the sample letter below for either the enrollee or the enrollee's custodial parent or legal guardian if the enrollee is a minor.
2. Dismissal letters should always be sent on the provider's letterhead so the enrollee will know whom the letter is from.
3. The letter should include all information as stated on the sample letter. It is not necessary to include the reason for the dismissal in the letter, provided the reason for dismissal is given verbally to the DCO.
4. The enrollee may be dismissed either effective immediately or effective the first of the following month. If the provider chooses to dismiss the enrollee effective the first of the following month, they will be responsible for providing the enrollee's care in the case of an emergency through the end of the current month.

SAMPLE DISMISSAL LETTER: TO THE ENROLLEE

Provider letterhead here

Date

To: (name)

(address)

ID#:

Dear (enrollee's name or custodial parent/legal guardian name),



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Effective (date), I will be unable to serve as your Primary Care Dentist (PCD) under Advantage Dental Services, LLC. Until you are reassigned, I will be responsible for providing your care in the case of an emergency. I would request that you call the Advantage Dental Customer Service Department to be reassigned to another dentist. If you wish to transfer copies of your records and/or x-rays, please let my office know and I will send them to the new dentist that will be providing your dental care. If you have any questions concerning this letter, please call the Advantage Dental Customer Service Department at 1-866-268-9631.

Sincerely,

(Dentist's Name)

cc: Advantage Dental Services, LLC

Approvals:

Date: 03/22/2018

Approved by:

Lorena Reinhart (Executive Assistant), Executive Assistant, Operations

Reviewed and Revised

06/14/2012	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
05/02/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
03/17/2017	QI/UR Committee			
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak