

## **SAMPLE LETTER FOR OVERDUE INSURANCE PAYMENTS**

**Personal & Confidential**

**(Name & Address of Carrier)**

**RE: (Insured/Patient Name)  
(Insured ID#)**

Dear

This letter is to notify you that the claim submitted on behalf of the above-referenced patient is overdue and I am requesting immediate payment along with the appropriate interest.

New Jersey law and subsequent regulations (N.J.A.C.11:22-1) require that health/dental claims be paid within 30 calendar days if submitted electronically, or 40 days if a paper claim is submitted. If a carrier intends to dispute or deny a claim, the carrier must notify the patient's practitioner (if benefits are assigned) within the 30 or 40 day period of all of the additional information that is required in order to allow for processing. If those requirements are not met, the plan waives its right to deny or dispute the claim, the claim is deemed to be "overdue", and is subject to a simple interest penalty at the rate of 10% per annum, which must be included in the claims payment or sent by separate check within 14 days.

The New Jersey Dental Association (NJDA), a professional association of over 4,000 actively-practicing New Jersey dentists of which I am a member, is monitoring the extent to which dentists continue to be plagued with third party payment problems in order to provide input and documentation to the New Jersey Department of Banking and Insurance. Therefore, a copy of this letter is being sent to NJDA.

Sincerely,

C: NJDA Department of Dental Care Programs