

SAMPLE
REFUND REQUEST APPEAL LETTER
(for non-contracted providers)

Dear _____,

We are in receipt of a refund request in the amount of \$_____. Our records indicate that the patient's claim has been paid in accordance with the services provided, and no overpayment exists on the account.

According to federal case law, as a third party creditor, we cannot be held liable for mistakes made solely by an insurer when no misrepresentation was made on our part to induce overpayment. We obtained a copy of the patient's insurance card at the time of service and obtained a valid written assignment of benefits. We provided dental services and received your payment in good faith. Furthermore, we did not bill the patient for the portion covered by his/her insurance based on the information you provided on your Explanation of Benefits.

There are several court cases related to this issue. In 1992, a court in California found that if a provider bills in good faith and the insurance company accidentally pays too much by the insurance company's calculation, the carrier cannot require a refund from the provider as long as there was no misrepresentation or fraud on the provider's part in billing (City of Hope Medical Center v. Superior Court of Los Angeles County (1992) 8 Cal.App.4th 633).

In another ruling, the Nebraska Supreme Court (Federated Mutual Insurance v. Good Samaritan Hospital, Wis. 1974.) determined that a creditor who has innocently received a debt from a third party is under no duty to make restitution to the third party if it is later discovered that the third party had no responsibility to make the payment, and the payment was made solely because of the third party's mistake.

We have been properly reimbursed for services rendered and no refund will be issued. If you disagree with our decision, please provide a copy of the state law, federal law, or contract law that requires our office to honor your refund request. If, in the future, you elect to deduct the alleged overpayment from future benefits to be paid, we will consult further legal counsel in order to ensure that our rights, as indicated by case law, are preserved. We suggest that you pursue any and all refunds directly from your subscriber/patient since he/she is the beneficiary of the dental plan and received the treatment as requested.

Please do not hesitate to call me if you have any questions or need additional information. You can reach me at _____ Monday – Friday, from 9am until 4pm, Eastern Standard Time.

Sincerely,

Xxxxx XXXXXX
Patient Accounts Manager
for
Dr. XXXXX XXXXXXXXX