

**NON-COMPLIANCE OF PHYSICIAN TREATMENT PLAN  
SAMPLE LETTER #1**

Dear \_\_\_\_\_

The purpose of this correspondence is to advise you that a recent review of (MEDICAL GROUP/IPA NAME) records has determined you are out of compliance with your physician's recommended treatment plan.

**DESCRIBE NON-COMPLIANCE ISSUE (s). SPECIFY PHYSICIAN ORDERS AND DATES OF NON-COMPLIANT OCCURRENCE.**

The (MEDICAL GROUP/IPA NAME) primary concern is to accommodate your medical needs and deliver quality health care services. However, your non-compliant behavior is interfering with your primary care physician's ability to assess and respond to your health care needs in a complete and professional manner. (MEDICAL GROUP/IPA NAME) is requesting your cooperation in:

**(DESCRIBE MEDICAL GROUP'S RECOMMENDATION AND THE GROUP'S CONTACT PERSON(S) NAME AND PHONE NUMBER.)**

Tufts Health Plan Medicare Preferred has been notified of our concerns.

Should you dispute the content of this letter, you have the right to initiate a grievance. You may initiate the grievance process by submitting any contrary information you have to Tufts Medicare Preferred HMO:

- To file an oral complaint call **1-800-701-9000**. Tufts Medicare Preferred HMO will document the oral request in writing.
- To mail a written complaint, our address is: **Tufts Medicare Preferred HMO, Attn: Appeals and Grievances Department, 705 Mt. Auburn Street Watertown, MA 02471.**
- To **FAX** your complaint to **617-673-0300 Attn: Appeals and Grievances Department.**
- To hand deliver your complaint our address is: **Tufts Medicare Preferred Customer Service Department, 705 Mt. Auburn Street Watertown, MA**, between 8:30 a.m. and 5:00 p.m. Monday thru Friday (ask for a representative from the Appeals and Grievances Department).

The grievance process is as follows:

1. You notify Tufts Medicare Preferred HMO either orally or in writing of your complaint. Your concern is then directed to the Tufts Medicare Preferred Appeals and Grievances Department.
2. The Appeals and Grievances Department will forward your complaint to the Clinical Services Department who will investigate and evaluate the situation.
3. The Appeals and Grievances Department will send you a written determination within 30 days of Tufts Medicare Preferred's receipt of your complaint. (Under certain circumstances, you will be notified that the 30-day grievance determination period is being extended for an additional 30 days.)

**(MEDICAL GROUP/IPA NAME)** looks forward to your cooperation in this matter.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_

cc: Tufts Medicare Preferred Medical Director