

To Whom It May Concern:

We have received your request asking the Wyoming Dental Association aid you in seeking a satisfactory solution to your problem.

Problems such as yours are referred to our Peer Review Committee. The services of the Committee are available to patients (insured or uninsured), WDA member dentists and third parties as a public service at no charge. Our purpose is to reconcile questions or complaints, which may arise as the result of dental care provided by Wyoming dentists.

The scope of our service is limited to the determination of the quality of care and the appropriateness of treatment (planned or initiated) through a thorough case review by well-respected members of your area's dental community.

The Peer Review Process is not binding on any party and requires the consent of both the Petitioning Party and the Responding Party.

The Peer Review Committee will not review any case until satisfied that the petitioning party (person initiating the review) has made a reasonable effort to resolve the problem without its aid. Nor will the Peer Review Committee review those cases which are now or have been under litigation (a law suit having already been filed in a court of law), nor those which have been or are currently under investigation by the state of Wyoming Board of Dental Examiners, the state of Wyoming Department of Health, or the office of the Wyoming State Attorney General.

Further, due to a recent United States Federal Trade Commission ruling, our committee will not be able to comment nor make any decisions regarding the appropriateness of a dentist's fees.

Attached you will find a Peer Review Submission Form. If you believe that your question falls within the purview of our committee, please fill out the form, being very careful that you record your grievance in a very brief and concise manner. Limit your complaint precisely to the question you wish answered by the committee. Please avoid any editorializing or philosophizing as such rhetoric merely clouds the issue and will not be considered.

Initially, a member of the Component (District) Peer Review Committee will contact all involved parties and attempt to mediate a solution to the problem. However, if mediation fails, the committee will then meet with the parties directly involved and review the case on its merits. It will subsequently issue its findings and recommendations to all directly involved parties.



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Cheyenne, WY. 82001
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www.wyda.org

PATIENT REQUEST FOR MEDIATION

Upon receipt of this completed form, a mediator will be assigned and will contact you within 30 days to discuss your request and help resolve the issue.

Submission Instructions:

Date ____/____/____

A. Mail to:

Wyoming Dental Association
2700 Carey Ave.
Cheyenne, WY 82001

B. Please type or print legibly:

1. *Identifying Data:*

Patient _____ Age _____

Address _____

Telephone (307) _____

Dentist _____

Address _____

Telephone (307) _____

Dental Consultant (if applicable) _____

2. *Nature of complaint (be very specific)*

3. *Describe services involved (attach copies of any available claim forms, operative notes, bill, treatment summary or other correspondence).*

4. *Describe your efforts to resolve the problem.*

5. *Consent Agreement*

I hereby give my permission to the Wyoming Dental Association Peer Review Committee or a Component Peer Review Committee thereof to conduct a thorough review of the aforementioned question or complaint.

I further give my permission to the Wyoming Dental Association Peer Review Committee or a Component Peer Review Committee thereof to examine my personal dental records upon request if deemed necessary for a thorough review of this petition.

I further give my permission to the Wyoming Dental Association or a Component Peer Review Committee thereof to conduct an oral examination upon me if such an examination is deemed necessary for a thorough review of this petition.

I further certify that a legal suit regarding the aforementioned complaint has not been filed in a court of law, nor has the complaint been filed for investigation with the state of Wyoming Board of Dental Examiners, the state of Wyoming Department of Health, nor the Wyoming State Attorney General's office.

Petitioner's Signature

Date

NOTE: If the petitioning party is a minor or if petition is on behalf of a minor, the signature of a parent or legal guardian is required (please specify).