

# Orthodontic Treatment Insurance Approval

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to inform you that your request for orthodontic treatment has been approved by your insurance provider, [Insurance Company Name]. Below are the details of your coverage:

- **Treatment Plan:** [Brief description of treatment]
- **Approved Amount:** \$[Approved Amount]
- **Patient Responsibility:** \$[Patient Responsibility]
- **Policy Number:** [Policy Number]

Please keep this letter for your records. If you have any questions regarding your coverage, do not hesitate to reach out to your insurance provider.

Thank you for choosing our practice for your orthodontic needs!

Sincerely,

[Your Name]

[Your Title]

[Orthodontic Practice Name]

[Contact Information]