

Dental Coverage Denial Explanation

Date: [Insert Date]

Your Name: [Insert Patient's Name]

Your Address: [Insert Patient's Address]

Dear [Patient's Name],

We hope this message finds you well. We are writing to inform you about the recent decision regarding your dental coverage claim for the treatment received on [Insert Treatment Date]. After careful review, we regret to inform you that your claim for [Insert Treatment Description] has been denied.

Reason for Denial:

[Insert specific reason for denial, e.g., "The treatment is considered not medically necessary as per the guidelines outlined in your insurance plan."]

We understand that this may be disappointing news, and we encourage you to review your policy documents for detailed information on covered services and exclusions.

If you believe this denial was made in error, you have the right to appeal this decision. Please contact our office at [Insert Phone Number] or email us at [Insert Email Address] if you wish to discuss your options further.

Thank you for your understanding.

Sincerely,

[Insert Your Name]

[Insert Your Position]

[Insert Dental Practice Name]

[Insert Dental Practice Contact Information]