

Dental Insurance Coverage Activation

Date: [Date]

[Insured's Name]

[Insured's Address]

[City, State, Zip Code]

Dear [Insured's Name],

We are pleased to inform you that your dental insurance coverage has been successfully activated as of [Activation Date]. Your policy number is [Policy Number], and it covers a range of dental services, including preventive, basic, and major dental procedures.

Please review the attached benefits summary for detailed information about your coverage, co-payments, and network providers. We encourage you to schedule your dental care appointments with a dentist in our network to maximize your benefits.

If you have any questions or require further assistance, feel free to contact our customer service at [Customer Service Phone Number] or [Customer Service Email].

Thank you for choosing [Insurance Company Name]. We look forward to serving your dental health needs.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Phone Number]

[Company Website]