

Dental Insurance Coverage Setup Confirmation

Date: [Insert Date]

To:

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to inform you that your dental insurance coverage has been successfully set up. Below are the details of your coverage:

Policy Information

Policy Number: [Insert Policy Number]

Effective Date: [Insert Effective Date]

Plan Type: [Insert Plan Type]

Coverage Details

Preventive Services: [Coverage Information]

Basic Services: [Coverage Information]

Major Services: [Coverage Information]

Orthodontic Services: [Coverage Information]

Contact Information

If you have any questions regarding your dental insurance coverage, please do not hesitate to contact our customer service team at:

Email: [Insert Email]

Phone: [Insert Phone Number]

Thank you for choosing us for your dental insurance needs. We look forward to serving you.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Company Address]

[City, State, Zip Code]