Dental Coverage Extension Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Claims Department/Contact Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claims Department/Contact Name],

I am writing to formally request an extension of my dental coverage due to acute health needs. My insurance policy number is [Your Policy Number]. As my health has required additional dental treatments, it has become crucial to extend my coverage to ensure I receive the necessary care.

Due to [briefly explain the health issue], I have experienced [list relevant dental issues related to the health concern]. These circumstances have led to increased dental needs that exceed my current coverage limits.

I kindly ask for your consideration in extending my dental coverage to accommodate these urgent health needs. I have attached supporting documents, including [list of documents, e.g., medical reports, treatment plans], for your review.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]