

Dental Coverage Extension Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request an extension of my dental coverage due to an unexpected financial hardship. My policy number is [Insert Policy Number].

Due to [brief explanation of financial hardship, e.g., job loss, medical expenses], I am currently facing significant financial challenges that make it difficult for me to manage my dental expenses.

Therefore, I kindly ask for your consideration in extending my dental coverage for an additional period of time. I believe this extension would greatly assist me in maintaining my oral health during this challenging time.

Thank you for your attention to this matter. I am hopeful for a positive response. Please feel free to contact me at [Your Phone Number] or [Your Email] should you need any further information.

Sincerely,

[Your Name]