

# Dental Coverage Extension Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Provider's Name or "Claims Department"],

I hope this letter finds you well. I am writing to formally request an extension of my dental coverage for my ongoing treatment related to [briefly describe your dental issue or procedure, e.g., "severe gum disease treatment"]. My policy number is [Insert Policy Number].

Due to [explain the reason for the request], my treatment has extended beyond the original coverage period, and I believe it is essential for my dental health to continue receiving necessary care without interruption.

Attached are the relevant documents, including my treatment plan, letters from my dentist, and any other supporting documentation that outlines the necessity of continued coverage.

I appreciate your attention to this matter and kindly request a timely response. Thank you for your understanding and support.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]