

# 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]

## **Subject: Request for Extension of Dental Coverage for Orthodontic Care**

Dear [Insurance Company Contact/Claims Department],

I hope this message finds you well. I am writing to formally request an extension of my dental coverage specifically for orthodontic care. My policy number is [Policy Number], and I am currently undergoing treatment that requires additional coverage support.

As you may know, orthodontic treatment can be lengthy and often requires adjustments and ongoing assessment. My orthodontist, [Orthodontist's Name], has recommended that I continue my treatment plan to achieve optimal results. Due to unforeseen circumstances, including [brief explanation of circumstances, e.g., financial difficulties, increased treatment needs], I am concerned about the financial burden of continuing this necessary care without adequate insurance coverage.

I kindly ask that you review my situation and consider extending my coverage for the duration of my treatment. Attached are my orthodontic treatment records and a statement from my orthodontist outlining the necessity of ongoing care.

Thank you for your attention to this matter. I appreciate your prompt response, and I look forward to discussing this further.

Warm regards,

[Your Name]

[Your Signature (if sending a hard copy)]