

# Request for Dental Coverage Extension for Preventive Services

**Date:** [Insert Date]

**To:** [Insurance Provider's Name]

**Address:** [Insurance Provider's Address]

Dear [Recipient's Name],

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

As you may know, preventive dental services are crucial for maintaining oral health, and I believe that extending my coverage in this area will significantly benefit my overall well-being. I am particularly interested in coverage for services such as regular check-ups, cleanings, and necessary X-rays.

I appreciate your consideration of this request and look forward to your prompt response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]