

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 Company Representative],

I am writing to formally request an extension of dental coverage related to my ongoing treatment for [Chronic Condition]. My policy number is [Policy Number], and I have been a policyholder since [Policy Start Date].

Due to [Brief Description of the Chronic Condition and How it Relates to Dental Issues], I have been advised by my healthcare provider to continue receiving dental care specifically for [Detail Specific Treatments Needed]. As these treatments are critical for managing my chronic condition, I kindly ask you to consider extending my dental coverage to accommodate these ongoing needs.

I have attached relevant medical documentation that supports my case for the extension of coverage. I appreciate your understanding and support in helping me maintain my dental health as it pertains to my chronic condition. Please feel free to contact me at your earliest convenience to discuss this matter further.

Thank you for your attention to this important issue.

Sincerely,

[Your Name]