Request for Dental Coverage Extension

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request an extension of my dental coverage due to special circumstances that warrant consideration. My policy number is [Insert Policy Number].

Due to [briefly explain the special circumstances, e.g., unexpected medical issues, financial struggles, etc.], I am in need of additional coverage to ensure that I can continue to receive the necessary dental care.

I would greatly appreciate it if you could review my situation and consider extending my dental coverage. I have attached relevant documentation to support my request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]