

Dental Claim Coverage Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Insurance Representative's Name],

I am writing to confirm the coverage for my recent dental claim, submitted on [Insert Submission Date], under the policy number [Insert Policy Number].

The treatment received was [Specify Treatment], conducted on [Date of Treatment]. I would like to confirm whether this procedure is covered under my current dental plan.

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

Sincerely,

[Your Name]