# Dental Insurance Coverage Request

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 Company Representative's Name],

I hope this letter finds you well. I am writing to request clarification regarding my dental insurance coverage under policy number [Your Policy Number].

Specifically, I would like to understand the coverage details for [specific dental procedure/treatment] that was recently performed on [date of procedure]. I have concerns regarding the [specific issue, e.g., co-pay, out-of-pocket expense] that I faced, and I want to ensure that I fully understand my benefits.

Additionally, if there is any documentation or forms I need to provide to facilitate this request, please let me know.

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


Sincerely,

[Your Name]