

Dental Insurance Coverage Verification Request

Date: [Date]

To: [Insurance Company Name]

Address:

[Insurance Company Address]

Dear [Insurance Representative's Name],

I am writing to request verification of dental insurance coverage for the following patient:

Patient Name: [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

Insurance Policy Number: [Policy Number]

We would like to confirm the details of the patient's coverage for dental services, including but not limited to:

- Type of coverage (preventive, basic, major)
- Deductibles and copays
- Coverage limits / maximum allowances
- Procedure codes covered

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

Sincerely,

[Your Name]

[Your Title]

[Dental Practice Name]

[Address]

[Phone Number]

[Email Address]