

Dental Insurance Eligibility Inquiry

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative's Name],

I am writing to inquire about my dental insurance eligibility. My details are as follows:

Name: [Your Full Name]

Policy Number: [Your Policy Number]

Date of Birth: [Your DOB]

Please let me know the coverage details, including any waiting periods, covered services, and any limitations that may apply. I would appreciate your prompt response so that I can plan accordingly.

Thank you for your assistance.

Sincerely,

[Your Name]