

Dental Insurance Reimbursement Inquiry

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 am writing to inquire about the status of my dental insurance reimbursement for services rendered on [Date of Service] at [Dental Provider's Name]. My policy number is [Your Policy Number].

The total cost of the services was [Total Amount], and I submitted my claim on [Date of Claim Submission]. It has been [number of weeks or months] since my submission, and I have yet to receive any updates.

Could you please provide me with an update on the status of my claim? If there are any additional documents or information needed, please let me know.

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

Sincerely,

[Your Name]