

Dental Services Coverage Inquiry

Date: [Insert Date]

To: [Insurance Company Name]

Address: [Insurance Company Address]

Dear [Insurance Representative's Name],

I hope this message finds you well. I am writing to inquire about the coverage details related to dental services under my current policy ([Policy Number]). Specifically, I would like to gain clarification on the following:

- What dental services are fully covered?
- Are there any limitations or exclusions I should be aware of?
- What is the process for pre-authorization of specific dental procedures?
- How do co-pays or deductibles apply to these services?

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

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]