

Dental Care Claim Validation Letter

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear Claims Department,

I am writing to formally validate my dental care claim, referenced under claim number [Insert Claim Number], which was submitted on [Insert Submission Date].

The dental procedure was performed on [Insert Date of Service] by [Dentist's Name] at [Dental Practice Name]. Enclosed, you will find copies of the following supporting documents:

- Receipt of payment
- Dental treatment plan
- X-rays and other diagnostic materials

I appreciate your prompt attention to this matter and look forward to your response. Should you need any further information, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Policy Number]