

Dental Expense Claim Support

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally submit a claim for dental expenses incurred on [Insert Date of Service]. The details of the services provided are as follows:

Details of Treatment

- **Provider Name:** [Insert Provider's Name]
- **Service Rendered:** [Describe services (e.g., cleaning, extraction)]
- **Date of Service:** [Insert Date]
- **Total Amount:** \$[Insert Total Amount]

Attached are the copies of the receipts and any relevant documentation for your review. I kindly request reimbursement for the aforementioned expenses.

If you require any further information or assistance, please do not hesitate to contact me at [Your Phone Number] or [Your Email].

Thank you for your attention to this matter.

Sincerely,

[Your Name]