

Dental Insurance Claim Appeal Letter

Your Name
Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Insurance Company Name
Claims Department
Insurance Company Address
City, State, Zip Code

Subject: Appeal for Denied Dental Claim - (Claim Number)

Dear Claims Adjuster,

I am writing to formally appeal the denial of my dental insurance claim (claim number: [insert claim number]), submitted on [insert submission date]. The claim was denied on [insert denial date] for the reason stated as [insert reason for denial].

Upon reviewing the details, I believe that this denial was in error due to [brief explanation of your reasoning, e.g., "the procedure was medically necessary," "coverage includes...", etc.].

I have attached the following documents to support my appeal:

- Copy of the original claim
- Detailed treatment records
- Letter from the treating dentist
- Any additional supporting documentation

Based on the enclosed information, I kindly request that you review this claim again and approve it for coverage. Please let me know if any additional information is needed.

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

Sincerely,
Your Name
Your Signature (if sending a hard copy)