

Dental Insurance Reimbursement Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear Claims Department,

I am writing to formally request reimbursement for dental services rendered on [Insert Date of Service] at [Dental Provider's Name]. My insurance policy number is [Insert Policy Number].

The total amount for the services provided was [Insert Amount]. Attached are the receipts and documentation for your review.

Please let me know if you need any additional information to process my request. Thank you for your attention to this matter.

Sincerely,

[Your Name]