

Dental Procedure Claim Explanation

Date: [Insert Date]

To: [Insurance Company Name]

From: [Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]

Dear Claims Department,

I am writing to request clarification regarding my dental claims submitted on [Insert Submission Date]. The reference number for my claim is [Insert Claim Number].

The following dental procedures were performed on [Insert Procedure Date]:

- [Procedure 1 Description]
- [Procedure 2 Description]
- [Procedure 3 Description]

According to the Explanation of Benefits (EOB) I received, I noticed that the claims were either partially paid or denied due to [Insert Reason provided by the Insurance].

I have attached all relevant documents including invoices, treatment notes, and any additional information that may assist in addressing this matter.

Please let me know the next steps and if any further documentation is required from my side. I appreciate your assistance in resolving this issue promptly.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Policy Number]