

Dental Services Coverage Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

We are pleased to confirm that your dental services are covered under your current insurance plan.

Details of Coverage:

- Service Type: [Insert Service Type]
- Coverage Percentage: [Insert Percentage]
- Deductible: [Insert Deductible Amount]
- Co-Payment: [Insert Co-Payment Amount]

If you have any further questions regarding your coverage or the services provided, please do not hesitate to contact our office at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing [Dental Office Name] for your dental care needs.

Sincerely,

[Your Name]

[Your Title]

[Dental Office Name]