

Dental Treatment Justification Letter

Patient Name: John Doe

Patient ID: 123456

Date: October 10, 2023

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Adjuster Name],

I am writing to formally request the approval of dental treatment for my patient, John Doe, who is in need of comprehensive dental care. After thorough examination and analysis, I have determined that the following treatments are medically necessary:

- Root Canal Therapy on Tooth #15
- Crown Placement on Tooth #15
- Scaling and Root Planing for periodontal treatment

These treatments are essential to maintain Mr. Doe's oral health, prevent further complications, and alleviate significant pain. Attached are the necessary diagnostic records, including X-rays and treatment plans that substantiate the need for these interventions.

I appreciate your attention to this matter and look forward to your prompt response to expedite the necessary treatments for my patient.

Sincerely,

Dr. Jane Smith

[Dental Practice Name]

[Dental Practice Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]