

Coverage Verification for Dental Insurance

Date: [Insert Date]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Representative Name],

I am writing to request verification of dental insurance coverage for our patient:

Patient Name: [Patient Name]

Date of Birth: [Patient Date of Birth]

Policy Number: [Policy Number]

We would like to confirm the details of the patient's dental coverage, including:

- Covered services and procedures
- Maximum allowable benefits
- Eligibility and coverage start date
- Co-pays and deductibles

Please provide this information at your earliest convenience to assist with the patient's treatment planning.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Dental Practice Name]

[Dental Practice Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]