

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]

Dear Claims Review Department,

I am writing to formally appeal the decision regarding my dental insurance benefits. My policy number is [Policy Number], and I have been a member since [Membership Start Date]. Recently, I submitted a claim for dental procedures that I believe warrant increased coverage, due to their necessity and the associated costs.

The treatments, which include [briefly describe the treatments], were essential for my dental health. According to my benefits overview, these services should be covered under my current plan; however, my recent claim was denied, citing [reason for denial].

I request a reevaluation of my case and an increase in my dental benefits to cover these necessary procedures. Enclosed are supporting documents, including treatment plans, invoices, and any relevant correspondence.

Thank you for considering my appeal. I hope for a favorable resolution soon. Please feel free to contact me at [Phone Number] or [Email Address] for any further information.

Sincerely,

[Your Name]