

**[Your Name]**

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

**[Insurance Company Name]**

[Company Address]

[City, State, ZIP Code]

**Subject: Request for Higher Dental Benefit Limits**

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a review and adjustment of my current dental benefit limits under policy number [Your Policy Number].

As we all know, maintaining good dental health is crucial, and unfortunately, the existing coverage limits have posed challenges in accessing the necessary treatments. Due to [briefly explain reason, e.g., emerging dental needs, significant dental procedures required], I kindly ask that you consider increasing the benefit limits.

I have always valued the support and services provided by [Insurance Company Name], and I believe that enhancing my dental coverage would ultimately lead to better health outcomes and satisfaction with the provided services.

Thank you for your attention to this matter. I look forward to your positive response.

Sincerely,

[Your Name]