

Date: [Insert Date]

[Recipient Name]

[Recipient Title]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally recommend an increase in the dental care policy limits for [Patient Name/Insured Member]. As [his/her/their] primary dentist, I have had the pleasure of providing care to [him/her/them] for [duration of care], during which time I have witnessed a range of dental health issues that require comprehensive treatment.

[Patient Name] has been diagnosed with [specific dental conditions], which necessitates not only routine check-ups and preventive measures but also advanced procedures that exceed the current policy limits. The limitations of the existing coverage can significantly hinder [his/her/their] ability to maintain optimal oral health and may lead to escalating health issues in the future.

An increase in the policy limits would enable [Patient Name] to access essential treatments, including [list specific procedures or treatments], ensuring [his/her/their] dental health is appropriately managed and supported. I believe that enhancing the coverage will ultimately benefit both the insured member and your organization by reducing the likelihood of more severe health complications and related costs.

Thank you for considering this important recommendation. I am confident that increasing the dental care policy limits will significantly impact [Patient Name's] overall health and well-being. Should you require further information or wish to discuss this matter, please do not hesitate to contact me at [your phone number] or [your email].

Sincerely,

[Your Name]

[Your Title]

[Your Dental Practice Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]