

# Request for Dental Policy Coverage Enhancement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Representative's Name],

I hope this message finds you well. I am writing to request an enhancement to my current dental policy coverage, policy number [Insert Policy Number]. As I have been reviewing my dental health needs and considering my treatment options, it has become apparent that additional coverage would be beneficial.

Specifically, I would like to request coverage for [List specific treatments or procedures, e.g., orthodontics, veneers, etc.]. This change would not only alleviate some financial burden but would also ensure I have access to essential dental care that aligns with my health requirements.

I appreciate your attention to this matter and look forward to your prompt response. If you require any additional information to process my request, please do not hesitate to contact me.

Thank you for your consideration.

Sincerely,

[Your Name]