

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Subject: Request for Upgrade of Dental Coverage

Dear [Insurance Company Representative's Name],

I hope this letter finds you well. I am writing to formally request an upgrade to my dental coverage. My current policy number is [Insert Policy Number].

After reviewing my dental care needs and comparing available options, I believe that an upgrade will provide essential benefits that align with my requirements.

Specifically, I am interested in additional coverage for [mention specific treatments such as orthodontics, crowns, etc.]. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]