

Dental Insurance Statement Redaction Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To:

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Insurance Company Contact Name],

I am writing to formally request the redaction of sensitive information contained in my dental insurance statements associated with my policy number [Your Policy Number].

In accordance with privacy laws, I am concerned about the following details in my statements:

- [Detail 1]
- [Detail 2]
- [Detail 3]

I kindly request that you redact these details to ensure my personal information remains confidential. Please confirm the receipt of this request and inform me of the process for redaction.

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

Sincerely,

[Your Signature (if mailing)]

[Your Printed Name]