

# Insurance Reimbursement Follow-up

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 Claims Department/Specific Contact Name],

I am writing to follow up on my insurance reimbursement for dental expenses incurred on [Date of Service], associated with my policy number [Policy Number]. I submitted all the necessary documents, including the claim form and itemized bills, on [Submission Date].

As of today, I have not yet received a response or reimbursement. I would appreciate your assistance in providing an update on the status of my claim. If additional information is needed, please feel free to contact me at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Name]