

Health Insurance Reimbursement Request

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]

Dear [Claims Department/Specific Contact Name],

I am writing to formally request reimbursement for dental procedures that I underwent on [insert date of service]. My policy number is [insert policy number].

The details of the procedures are as follows:

- Procedure: [Insert Procedure Name]
- Date of Service: [Insert Date]
- Provider: [Insert Dentist/Provider Name]
- Total Cost: [Insert Total Amount Charged]
- Amount Paid by Me: [Insert Amount Paid]
- Claim Number (if applicable): [Insert Claim Number]

Enclosed are copies of the following documents to support my claim:

- Receipt for the dental procedures
- Explanation of Benefits (if available)
- Any additional documents relevant to the claim

I appreciate your attention to this matter and look forward to your prompt response regarding my reimbursement request. Should you require any additional information, please do not hesitate to contact me at [insert phone number] or [insert email address].

Thank you for your assistance.

Sincerely,

[Your Name]