

# Dental Care Insurance Information

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to provide you with the necessary information regarding your dental care insurance policy. Below are the details of your coverage:

## Insurance Provider:

[Insurance Provider Name]

## Policy Number:

[Policy Number]

## Coverage Details:

- Preventive Services: [Coverage Details]
- Basic Services: [Coverage Details]
- Major Services: [Coverage Details]
- Annual Maximum Benefit: [Amount]
- Deductible: [Amount]

## Contact Information:

If you have any questions regarding your dental insurance or need further assistance, please contact our customer service at:

[Customer Service Phone Number]

[Customer Service Email]

Thank you for choosing [Insurance Provider Name] for your dental care needs. We look forward to serving you.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]