Your Name
Street Address
City, State, Zip Code

Date

Insurance Provider's Name
Street Address
City, State, Zip Code

Re: Claim Number

To whom it may concern,

I am writing this letter to appeal claim number XX. It has been brought to my attention by my dental provider's office that the initial claim was denied, but please consider the following information.

A duplicate claim was filed for two extractions that were done on (insert date here) because of a delay in the remittance of payment for the initial claim. As a result, both claims were rejected.

According to section (insert number here) in my declarations page, extractions are covered in full once the deductible is met. To date, I have satisfied this requirement. Would you mind researching the claim? As a loyal customer for the past five years, I appreciate the exemplary customer service that you always provide. Thank you in advance for your willingness to look into this matter.

I can be reached at (insert phone number here) if you have any additional questions or concerns.

Thanks,

Your Name (printed)