Your Name
Street Address
City, State, Zip Code

Date

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

Re: Dental Insurance Claim Denial (Account Number and Claimant's Name)

Dear Sir or Madam,
This letter is in reference to a claim denial for policy number XX for (indicate who the primary policy holder is). During my visit, I received (insert service here).

Based on my explanation of benefits, only a portion of the (insert service here) was covered. However, my current policy states that I am eligible for full coverage under the condition that my deductible is met.

The deductible was met earlier this year, but I received a notice from my dental office stating otherwise accompanied by a bill to cover the outstanding balance. Would you mind looking into this for me?

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

Sincerely,

Your Name (printed)