

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Insurance Company Name]
[Insurance Company Address]
[City, State, ZIP Code]

Subject: Dental Insurance Claim Submission

Dear [Claims Department/Specific Contact Name],
I hope this letter finds you well. I am writing to submit a claim for dental services rendered to me on [date of service] by [dentist's name/clinic].

Details of the claim are as follows:

- **Patient Name:** [Your Name]
- **Policy Number:** [Your Policy Number]
- **Provider Name:** [Dentist/Clinic Name]
- **Date of Service:** [Date]
- **Procedure(s) Performed:** [List of Procedures]
- **Total Charge:** [Amount]

Enclosed with this letter are the necessary documents to support my claim, including:

1. Itemized bill from the dental provider
2. Claim form (if required)
3. Any additional supporting documentation

I kindly request that you process this claim as per the terms of my policy. Should you need any further information or clarification, please do not hesitate to contact me at the phone number or email address listed above.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]