

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

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

Subject: Appeal for Dental Insurance Claim Denial - [Claim Number]

Dear [Claims Department or Specific Person's Name],
I am writing to formally appeal the denial of my dental insurance claim [Claim Number] submitted on [Submission Date]. According to the explanation of benefits dated [Denial Date], my claim was denied due to [reason for denial].

I believe the denial was a misunderstanding, as [brief explanation of your case, providing any relevant details]. Attached are copies of [list any attached documents, such as your dental records, treatment plan, or previous correspondence], which support the necessity of my treatment. I kindly request that you review my case and the enclosed documentation. I am hopeful that this information will clarify the situation and lead to a positive resolution.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Policy Number]
[Attachments: List of documents]