

Date

Texas Department of Insurance
P.O. BOX 149104 333
Guadalupe Austin, Texas 78714-
9104

Dear Insurance Commissioner:

My dental office filed the attached claim along with a completed description of services with radiographs and photographs with the _____ **Insurance Company**

On _____.

I believe that it has been down coded and improperly denied. Please accept this letter as a formal complaint against the _____ Insurance Company. This company is denying patients like me the standard of care that is being chosen by the patient, properly diagnosed by the doctor, and accepted within the community as the minimum standard of care to treat the condition as described in the claim.

Very Truly Yours,

Policy Holder and Patient