Date:

**Subject: Need for orthodontic treatment coverage**

Dear [Insurance provider name], I hope this letter finds you in good health and high spirits. I am writing this letter to appeal for the coverage of orthodontic treatment, specifically braces, for my patient named [Patient's Full Name], born on [date of birth]. I believe that this orthodontic treatment isn’t for cosmetic purposes but is medically necessary for the following reasons:

**Dental Health Concerns:**

[Patient's full name] has been experiencing dental health issues that can be resolved with the help of braces. The current issues are misaligned teeth, overcrowding, or malocclusion, which can impact his oral health and well-being.

**Speech and Eating Difficulties:**

The misalignment of teeth contributes to difficulties in speech and eating. Addressing these issues by getting dental braces will not only improve [patient's full name]'s quality of life but also prevent future complications related to speech impairments and dietary limitations.

**Prevention of further complications:**

Getting timely treatment at this stage can prevent the development of more serious dental problems in the future. Timely intervention is crucial to avoid complications such as temporomandibular joint (TMJ) disorders, extreme tooth wear, and other issues that may need more extensive and costly treatments.

**Confidence:**

Our teeth are one of the most prominent features of our face. The poor appearance of one's teeth can negatively affect a person's self-esteem and confidence. Correcting the negative appearance of teeth will not only contribute to [Patient's Full Name]'s physical health but also positively impact her mental and emotional well-being.

I am attaching the relevant dental records, X-rays, and any other supporting documents that highlight the medical necessity of getting dental braces for [patient's full name]. Also, I kindly request a review of his/her case by your dental review board to consider the full nature of his/her oral health needs.

I understand the need to follow traditional guidelines, and I appreciate your time and consideration in reviewing this appeal. If you require any further information or documentation, please do not hesitate to contact me at [mention phone number] or [mention email address].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Full Name]  
[Your Title, if applicable]  
[Your Dental License Number, if applicable]