\_\_\_\_\_ (Date)

\_\_\_\_\_(Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (City/State/Zip)

Dear \_\_\_\_\_ (Patient’s Name),

Thank you for being part of our practice! We are grateful for the opportunity to work together toward your dental health.

Our records show that you have dental insurance. With \_\_\_\_\_ (Year) drawing to a close, we’d like to help you make use of the benefits you have before they expire at the end of the year. Now is a great time to schedule a cleaning or dental treatment, and these services are often covered by your insurance with little or no cost to you.

As many of our patients also want to use their benefits before the end of the year, our schedule fills up quickly. We want to ensure availability and help you take advantage of this opportunity before it is too late.

Don’t let your benefits go unused! Contact our office today and make an appointment. We look forward to seeing you.

Kind regards,

\_\_\_\_\_ (Doctor’s Name)