

Insurance Claim Termination Notice

Date: [Insert Date]

[Claimant's Name]

[Claimant's Address]

[City, State, Zip Code]

Dear [Claimant's Name],

We are writing to inform you that your insurance claim numbered [Insert Claim Number] has been terminated as of [Insert Termination Date]. This decision was made due to [briefly explain reason for termination, e.g., lack of required documentation, failure to respond, etc.].

We encourage you to review the details of your claim and consider the following options:

- Reopen claim by submitting the necessary documentation.
- Request a detailed explanation of the termination.
- Appeal this decision if you believe it is unjustified.

If you have questions or require further assistance, please do not hesitate to contact our claims department at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Company Address]

[City, State, Zip Code]