

Insurance Co-Payment Clarification

Date: [Insert Date]

[Insured's Name]

[Insured's Address]

[City, State, Zip Code]

Dear [Insured's Name],

We hope this letter finds you well. We are writing to clarify the co-payment details regarding your recent claims processing for the medical services received on [Insert Date of Service].

As per your insurance policy, the co-payment amount due for the procedure is [Insert Co-Payment Amount]. This amount is required to be paid at the time of service or deducted from the reimbursement amount. Please ensure that this payment is made promptly to avoid any delays in processing your claim.

If you have any questions regarding your co-payment or the claims process, please don't hesitate to contact our customer service department at [Insert Phone Number] or email us at [Insert Email Address].

Thank you for your attention to this matter. We appreciate your prompt response.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Contact Information]