

Acknowledgment of Medical Claim Update

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Insurance Company Name]

[Insurance Company Address]

[City, State, Zip Code]

Dear [Claim Adjuster's Name],

I am writing to acknowledge the receipt of the updates regarding my medical claim, reference number [Insert Claim Number]. I appreciate your efforts in keeping me informed about the status of my claim.

Should you require any further information or documentation to expedite the process, please do not hesitate to contact me at your earliest convenience.

Thank you for your continued assistance.

Sincerely,

[Your Name]