

Notification of Health Insurance Claim Reimbursement

Date: [Insert Date]

To,

[Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to inform you that your claim for health insurance reimbursement has been processed.

Claim Number: [Insert Claim Number]

Claim Amount Approved: [Insert Amount]

Date of Service: [Insert Date]

The amount will be credited to your account within [Insert timeframe]. If you have any questions or require further assistance, please feel free to contact us at [Insert Contact Information].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]