

Co-Payment Acceptance Letter

Date: [Insert Date]

[Policyholder's Name]

[Policyholder's Address]

[City, State, Zip Code]

Dear [Policyholder's Name],

We are pleased to inform you that your application for an insurance policy with us has been approved. As part of your policy agreement, a co-payment will be required for eligible services. This letter serves to acknowledge and accept your understanding of the co-payment terms associated with your new policy.

The details of your co-payment are as follows:

- Policy Number: [Insert Policy Number]
- Co-Payment Amount: [Insert Co-Payment Amount]
- Eligible Services: [List Eligible Services]

We encourage you to review your policy documents carefully and reach out to our customer service team for any questions or clarifications regarding your co-payment obligations.

Thank you for choosing [Insurance Company Name]. We look forward to supporting your healthcare needs.

Sincerely,

[Your Name]

[Your Position]

[Insurance Company Name]

[Contact Information]