

Insurance Co-Payment Explanation

Date: [Insert Date]

Claimant Name: [Insert Claimant Name]

Claim Number: [Insert Claim Number]

Dear [Insert Claimant Name],

We are writing to provide you with an explanation regarding the co-payment associated with your recent claim, reference number [Insert Claim Number]. This communication aims to clarify your financial responsibility in relation to the services you received.

As per your insurance plan, a co-payment is required to be paid for specified services. The co-payment for your claim is [Insert Amount]. This amount is due at the time of service or after your claim has been processed.

Here's a breakdown of your claim:

- Total Amount of Services Rendered: [Insert Amount]
- Approved Amount: [Insert Amount]
- Your Co-Payment: [Insert Amount]
- Total Insurance Coverage: [Insert Amount]
- Remaining Balance: [Insert Amount]

If you have any questions regarding your co-payment or would like further clarification about your claim, please do not hesitate to reach out to our customer service department at [Insert Phone Number] or [Insert Email Address].

Thank you for choosing [Insurance Company Name]. We appreciate your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]

[Insurance Company Address]