

Long-Term Care Insurance Claim Outcome Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Insurance Company Name]

[Insurance Company Address]

[City, State, ZIP Code]

Dear [Recipient Name],

We are writing to inform you of the outcome of your long-term care insurance claim submitted on [Insert Submission Date]. After careful review and consideration, we have reached a decision.

The details of our decision are as follows:

- **Claim Number:** [Insert Claim Number]
- **Date of Service:** [Insert Date(s) of Service]
- **Claim Outcome:** [Approved/Denied]
- **Reason for Decision:** [Insert Reason if Denied]
- **Payment Amount:** [Insert Payment Amount if Approved]

If you have any questions or need further assistance, please do not hesitate to reach out to us at [Insert Contact Information]. We appreciate your patience during this process.

Thank you for choosing [Insurance Company Name].

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]