

Claim Confirmation for Long-Term Care Insurance

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]

Subject: Long-Term Care Insurance Claim Service Confirmation

Dear [Recipient's Name],

We are pleased to confirm the receipt of your long-term care insurance claim submitted on [Insert Submission Date]. Your claim is currently under review, and we appreciate your patience during this process.

Claim Details:

- Claim Number: [Insert Claim Number]
- Policy Number: [Insert Policy Number]
- Applicant Name: [Insert Applicant's Name]

Should we need any further information, we will reach out to you directly. You can also track your claim status by contacting our claims department at [Contact Phone Number] or [Contact Email].

Thank you for choosing [Insurance Company Name] for your long-term care insurance needs.

Sincerely,

[Your Name]

[Your Title]

[Insurance Company Name]