Notification of Accelerated Claims Processing

Date: [Insert Date]

[Claimant's Name]

[Claimant's Address]

[City, State, Zip Code]

Dear [Claimant's Name],

We are pleased to inform you that your claim #[Claim Number] has been selected for accelerated processing. This means that we will prioritize your case to ensure a quicker resolution.

Please provide any outstanding documentation or information required to expedite the review. You may contact us at [Phone Number] or [Email Address] for any assistance.

Thank you for your prompt attention to this matter. We look forward to serving you.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]