

# Third-Party Service Authorization for Insurance Claims Handling

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Third-Party Service Provider's Name], located at [Provider's Address], to act on my behalf in all matters pertaining to my insurance claim with [Insurance Company Name], Claim Number: [Claim Number].

This authorization allows [Third-Party Service Provider's Name] to obtain any necessary information and documentation from [Insurance Company Name] in order to efficiently process my claim.

Please direct all correspondence and communication regarding my claim to the aforementioned third-party service provider.

Thank you for your assistance in this matter.

Sincerely,

[Your Full Name]

[Your Contact Information]

[Your Signature (if sending a hard copy)]