

# Insurance Claim Confirmation

Date: [Insert Date]

Policyholder Name: [Insert Name]

Policy Number: [Insert Policy Number]

Claim Number: [Insert Claim Number]

Dear [Policyholder Name],

We are writing to confirm the receipt of your health insurance claim submitted on [Insert Submission Date]. Your claim is currently under review and will be processed in accordance with the terms of your policy.

If any additional information is needed, we will reach out to you. You may also track the status of your claim by logging into your account on our website or by contacting our claims department at [Insert Contact Information].

Thank you for choosing [Insurance Company Name]. We are here to assist you with your healthcare needs.

Sincerely,

[Insurance Company Name] Customer Service