

Response to Payment Schedule Update

Date: [Insert Date]

To: [Insurer's Name]

[Insurer's Address]

[City, State, Zip Code]

Dear [Insurer's Contact Name],

Thank you for your recent communication regarding the update to the payment schedule for my claim [Insert Claim Number]. I appreciate your prompt attention to my case.

I acknowledge the changes proposed in your letter dated [Insert Date of Insurer's Letter] and would like to confirm my understanding of the new schedule as follows:

- First payment: [Insert Date and Amount]
- Subsequent payments: [Insert Dates and Amounts]

Please let me know if there are any additional details or documentation required from my side to facilitate these changes. I am keen to ensure a smooth process and timely payments.

Thank you for your assistance. I look forward to your confirmation of this updated payment schedule.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]