

Insurance Deductibles Outline for Claims Processing

Date: [Insert Date]

To: [Insurance Company Name]

From: [Your Name]

Policy Number: [Your Policy Number]

Outline of Deductibles

1. Types of Deductibles

- Fixed Deductible
- Percentage Deductible
- Annual Deductible

2. Deductible Amounts

List of deductible amounts applicable to this policy:

- Type of Coverage 1: \$[Amount]
- Type of Coverage 2: \$[Amount]

3. Claims Processing Steps

1. Submission of Claim
2. Review of Deductibles
3. Claim Approval/Denial

Conclusion

Please review the deductible outline and advise on the next steps for processing the claims.

Sincerely,

[Your Name]