Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]

[Recipient's Name]
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

We hereby acknowledge receipt of your insurance claim submitted on [Insert Claim Submission Date]. Your claim number is [Insert Claim Number].

We appreciate your prompt submission of the required documentation and are currently in the process of reviewing your claim. Should we require any further information, we will reach out to you directly.

Thank you for your patience during this process.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]