**Date:** [Insert Date]

**To:**
[Policyholder Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

**Subject: Acknowledgement of Medical Treatment Claim Receipt**

Dear [Policyholder Name],

This letter is to formally acknowledge that we have received your medical treatment claim submitted on [Date of Submission].

**Claim Details:**

- **Claim Reference Number:** [Insert Number]
- **Patient Name:** [Insert Name]
- **Date of Service:** [Insert Date]
- **Healthcare Provider:** [Insert Facility/Doctor Name]

Your claim is currently being reviewed by our claims department. The standard processing time is [Number] business days. We will notify you via [email/mail] once a decision has been reached or if additional documentation is required.

You can track the status of your claim through our online portal using your reference number.

If you have any questions, please contact our customer service department at [Phone Number] or [Email Address].

Sincerely,

[Your Name/Representative Name]
[Title]
[Insurance Company/Organization Name]