

[Date]

[Claimant Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Re: Final Settlement and Closure of Claim

Claim Number: [Claim Number]

Date of Service/Incident: [Date]

Patient Name: [Patient Name]

Dear [Claimant Name],

This letter serves as formal notification that the medical claim referenced above has been finalized and is now closed.

Following a comprehensive review of the provided documentation, a final settlement has been reached. Please find the details of the payment below:

- Total Billed Amount: \$[Amount]
- Approved Amount: \$[Amount]
- Less Deductible/Co-pay: \$[Amount]
- **Final Settlement Payment: \$[Amount]**

Enclosed is the check for the final settlement amount. By accepting and depositing this payment, you acknowledge that this constitutes full and final satisfaction of all obligations related to this specific claim.

No further actions are required from your side. Our records now reflect this case as resolved and closed. Should you have any questions regarding this final assessment, please contact our claims department at [Phone Number] or [Email Address].

Sincerely,

[Name of Representative]

[Title]

[Company Name]

Enclosure: [Check Number / Settlement Documents]