

[Company Name]  
[Claims Department Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

**Subject: Acknowledgment of Medical Claim - Claim Reference: [Claim Number]**

Dear [Policyholder Name],

We are writing to acknowledge receipt of your medical insurance claim submitted on [Date of Submission] for services rendered on [Date of Service] by [Provider Name].

Your claim has been assigned the following reference number: **[Claim Number]**. Please use this number in any future correspondence regarding this request.

Our claims department is currently reviewing the documentation provided. We aim to process all claims within [Number] business days. If additional information or medical records are required from your healthcare provider, we will notify you promptly.

You can track the status of your claim through our online portal at [Website URL] or by calling our customer service team at [Phone Number].

Thank you for your patience.

Sincerely,

[Sender Name/Signature]  
[Job Title]  
[Company Name]