

[Company Name]
[Address Line 1]
[Address Line 2]
[Date]

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

RE: Notice of Claim Approval and Reimbursement

Member ID: [ID Number]
Claim Number: [Claim Number]
Date of Service: [Date]

Dear [Member Name],

We are pleased to inform you that your health insurance claim for the services provided on [Date of Service] has been approved.

The details of your reimbursement are as follows:

- **Total Billed Amount:** \$[Amount]
- **Allowed Amount:** \$[Amount]
- **Member Responsibility (Deductible/Co-pay):** \$[Amount]
- **Total Reimbursement Amount:** \$[Amount]

Payment has been issued via [Check/Direct Deposit] and should reach you within [Number] business days. If you receive a paper check, it will be mailed to the address we have on file.

You may view your full Explanation of Benefits (EOB) by logging into your member portal at [Website URL].

If you have any questions regarding this claim or your coverage, please contact our Customer Service department at [Phone Number] or email [Email Address].

Sincerely,

[Name/Department]
[Company Name]