

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

[Date]

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

Subject: Explanation of Benefits - Claim Payout Breakdown

Dear [Policyholder Name],

This letter provides a detailed breakdown of the payment issued for your recent vision insurance claim. Below are the details regarding the services rendered and the resulting coverage.

Claim Information:

- **Claim Number:** [Number]
- **Date of Service:** [Date]
- **Provider:** [Provider Name/Clinic]
- **Patient Name:** [Patient Name]

Service Description	Billed Amount	Plan Allowance	Deductible/Copay	Insurance Paid	Patient Responsibility
[e.g., Comprehensive Eye Exam]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]
[e.g., Frames/Lenses]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]
TOTALS	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]	[\$[0.00]]

Payment Summary:

A payment in the amount of **[\$[Total Insurance Paid]]** was issued to [Provider Name or Policyholder] on [Date] via [Check/Electronic Deposit].

If you have questions regarding this breakdown or believe there is an error, please contact our member services department at [Phone Number] or visit our member portal at [Website].

Sincerely,

[Name/Department]

[Insurance Company Name]