

Date: [Insert Date]

[Insured Name]
[Address Line 1]
[City, State, Zip Code]

Subject: Partial Claim Settlement and Explanation of Benefits

Claim Number: [Insert Claim Number]
Policy Number: [Insert Policy Number]
Date of Loss: [Insert Date of Loss]

Dear [Insured Name],

We have completed the initial review of your insurance claim. This letter serves as a notification of a partial settlement and provides an Explanation of Benefits (EOB) for the items processed to date.

Settlement Summary:

- Total Amount Claimed: \$[Amount]
- Approved Amount: \$[Amount]
- Applicable Deductible: - \$[Amount]
- **Net Payment Amount: \$[Amount]**

Explanation of Benefits:

Service/Item Description	Amount Requested	Amount Allowed	Reason Code/Explanation
[Item 1]	[\$0.00]	[\$0.00]	[Approved/Partial/Denied]
[Item 2]	[\$0.00]	[\$0.00]	[Exceeds Policy Limit/Not Covered]

Important Information Regarding This Partial Payment:

Please note that this payment is for the undisputed portions of your claim. The following items remain under investigation or require additional documentation: [List outstanding items].

The acceptance of this partial payment does not waive your right to pursue the remainder of your claim. Once the remaining items are reviewed, we will issue a final determination.

If you have any questions or wish to provide additional documentation, please contact your adjuster at [Phone Number] or [Email Address].

Sincerely,

[Adjuster Name]
[Company Name]