

**Date:** [Insert Date]

**Claim Number:** [Insert Claim Number]

**Policy Number:** [Insert Policy Number]

**Insured Name:** [Insert Name]

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## Notice of Final Claim Resolution

Dear [Insert Name],

This letter serves as formal notification regarding the final resolution of your claim submitted on [Insert Date of Loss/Service]. We have completed our review of the documentation provided and have reached a final determination.

### Claim Summary

Service/Loss Date	Description of Service	Amount Billed	Amount Allowed
[Date]	[Description]	[\$[0.00]]	[\$[0.00]]

### Explanation of Benefits (EOB)

- **Total Amount Paid:** \$[0.00]
- **Deductible Applied:** \$[0.00]
- **Co-payment/Co-insurance:** \$[0.00]
- **Non-Covered Amount:** \$[0.00]
- **Net Payment to Provider/Insured:** \$[0.00]

### Reason for Determination

[Insert detailed explanation of why the claim was paid, partially paid, or denied based on policy terms and conditions.]

### Payment Information

Payment has been issued via [Check/Direct Deposit] to [Recipient Name] on [Date]. Please allow [Number] business days for processing.

### Your Right to Appeal

If you disagree with this resolution, you have the right to request a formal appeal. To do so, you must submit a written request within [Number] days of receiving this letter. Please include any additional evidence or documentation that supports your dispute.

If you have any questions regarding this final resolution, please contact our Claims Department at [Phone Number] or via email at [Email Address].

Sincerely,

[Name of Claims Adjuster/Representative]

[Title]

[Insurance Company Name]