[Date]

[Claimant Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

RE: Acknowledgment of Claim Appeal

Claim Number: [Insert Claim Number]
Reference Number: [Insert Reference Number]
Date of Service: [Insert Date]

Dear [Claimant Name],

This letter is to acknowledge that [Third Party Administrator Name] received your formal appeal request on [Date Received] regarding the denial or partial payment of the claim referenced above.

Our Appeals Department is currently reviewing the documentation provided, along with the original claim file and the terms of the governing plan. Our goal is to ensure a fair and thorough re-evaluation of the initial determination.

Please be advised of the following timeline:

- A formal decision will typically be rendered within [30/60] days of our receipt of your request.
- If additional information or an extension of time is required to complete the review, we will notify you in writing.

No further action is required from you at this time unless specifically requested by our reviewers. Once the review is complete, you will receive a written notice explaining our final decision and the clinical or contractual rationale behind it.

If you have any questions or would like to submit additional evidence for consideration, please contact our Appeals Coordinator at [Phone Number] or via email at [Email Address].

Sincerely,

[Sender Name/Signature]
[Title]
[Third Party Administrator Name]