[Date]

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

Subject: Notification of Approved Facility for Claim #[Claim Number]

Dear [Policyholder Name],

We are writing to inform you that the following facility has been approved to provide the services required for your current insurance claim:

Facility Name: [Facility Name]
Address: [Facility Address]
Phone Number: [Facility Phone Number]
Contact Person: [Contact Person Name (Optional)]

This facility is part of our authorized network and meets our standards for quality and service. Choosing an approved facility ensures that repairs/services are conducted according to policy guidelines and may simplify the direct billing process.

Next Steps:

- Please contact the facility directly to schedule your appointment.
- Provide them with your claim number listed above.
- Review the attached documentation regarding your coverage limits and any applicable deductibles.

If you have any questions regarding this notification or wish to discuss alternative options, please contact your Claims Representative at [Representative Phone Number] or email [Representative Email Address].

Thank you for choosing [Insurance Company Name].

Sincerely,

[Sender Name]
[Title/Department]
[Insurance Company Name]